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THE

# ANNUAL REPORT

ON THE

# bealth of the County Borough and Port of Grimsby,

For the Year Ending 31st December, 1925,

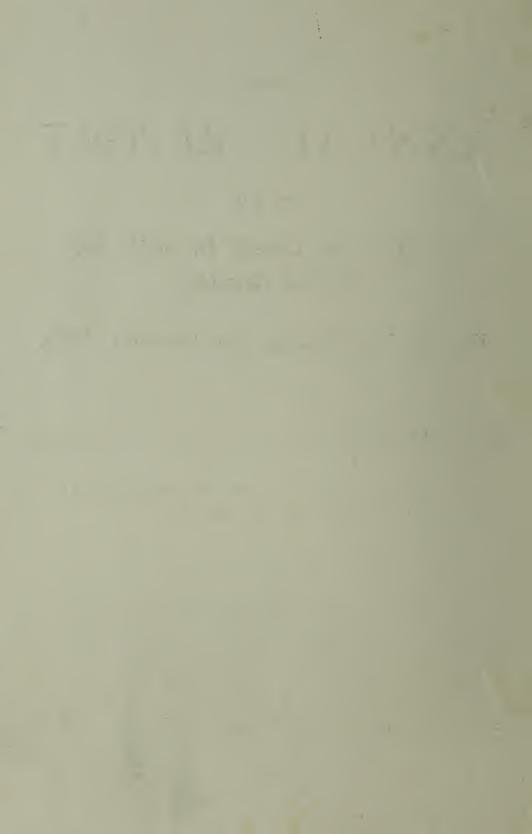
BY

B. C. STEVENS, M.D., F.R.C.S., (Edin.) D.P.H. (Oxon.)

MBOICAL OFFICER OF HEALTH FOR THE BOROUGH
AND PORT OF GRIMSBY.

GRIMSBY

ROBERTS & JACKSON, PRINTERS, 7a MAUDE STREET,



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## HEALTH COMMITTEE.

CHAIRMAN:—ALDERMAN J. H. TATE, J.P.

VICE-CHAIRMAN: —COUNCILLOR J. H. CURRY, J.P.

#### SUB-COMMITTEES OF THE HEALTH COMMITTEE.

#### Chairman.

Alderman TATE, J.P. Tuberculosis ... Councillor Hunt. Offensive Trades . . Hospitals and Midwives Alderman TATE, I.P. . . Drains and Sewers Alderman TATE, J.P. . . Town Planning Alderman TATE, J.P. Inspection of Dwellinghouses Alderman TATE, J.P. Alderman TATE, J.P. Venereal Diseases . . Rats and Mice Destruction Alderman TATE, J.P. . . . . Alderman TATE, J.P. Public Buildings . .

#### SPECIAL COMMITTEES.

Maternity and Child Welfare—Councillor F. Thornton. (with 11 co-opted lady members).

Tuberculosis After-Care—Councillor C. E. Franklin. (with 15 co-opted members).

Port Sanitary Committee—Councillor A. E. ROBERTS.

## LOCAL ACTS, ADOPTIVE ACTS, BYE-LAWS, AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

#### LOCAL ACTS.

The Grimsby Extension and Improvement Act, 1889.

The Grimsby Corporation Act, 1921.

#### ADOPTIVE ACTS.

The Infectious Disease (Notification) Act, 1889.

The Infectious Disease (Prevention) Act, 1890.

The Public Health Acts Amendment Act, 1890.

The Private Street Works Act, 1892.

The Public Libraries Acts.

The Public Health Acts Amendment Act, 1907. (Parts II., III., IV., V., VI. and X.).

The Public Health Act, 1925—Sections 13 to 33 and 35 of Part II., 36 to 43 of Part III., and 51 to 55 of Part V.). (In operation on 1st April, 1926).

#### ByE-LAWS.

Common Lodging Houses, 1892.

Slaughterhouses, 1892.

Offensive Trades, 1892.

Public Bathing, 1892.

New Streets and Buildings, 1925.

Nuisances, 1892, 1898, 1901, and 1923.

Houses-let-in-Lodgings, 1903.

Water Closets—under Section 157 of P.H.A., 1875, and Section 23 of P.H.A.A.A., 1890.

Section 23 of Municipal Corporations Act, 1882.

Employment of Children.

#### LOCAL REGULATIONS.

Grimsby Port Sanitary Authority Regulations. Dairies, Cowsheds and Milkshops, 1907.



#### HEALTH DEPARTMENT.

MEDICAL OFFICER OF HEALTH:
B. C. STEVENS, M.D., F.R.C.S. (Edin.), D.P.H. (Oxon).

ASSISTANT MEDICAL OFFICERS:

JOHN W. INNES, M.A., M.B., B.Ch., D.P.H. (Aber.)
JANET W. HEPBURN, M.B., B.Ch., (Glas.), D.P.H. (Camb.)

CHIEF SANITARY INSPECTOR:

HENRY F. MOODY, Assoc. Royal San. Inst.\*

ASSISTANT SANITARY INSPECTORS:

JNO. G. WATSON, Assoc. Royal San. Inst.\*

MATTHEW CHAPMAN, Mem. Royal San. Inst.\*

J. J. TURNER, Assoc. Royal San. Inst.

CHRIS. KING, Cert. Royal San. Inst.

(Resigned June 30th, 1925).

S. N. BRAMWELL. (Appointed September 1st, 1925).

#### **HEALTH VISITORS:**

FRANCES A. CHASE (Tuberculosis).

C. E. CHAPMAN.

J. TAYLOR.

EVA SPROSTON.

M. A. GREEN.

#### OFFICE CLERKS:

H. T. HAY, Assoc. Royal San. Inst. R. TULLOCH.

T. E. DAVIDSON.

G. H. LANCASTER.

Miss E. B. MASON.

### PORT SANITARY DEPARTMENT.

ALIENS INSPECTORS: - DRS. STEVENS AND INNES.

PORT SANITARY INSPECTOR: F. STOKES.

ASSISTANT PORT SANITARY INSPECTORS:

R. MADELEY, Assoc. Royal San. Inst.\*

H. BRANT, Assoc. Royal San. Inst.

Office Clerk: G. H. CHEFFINGS.

\*Also hold Certificate of Royal San. Institute as an Inspector of Meat and other Foods.

V.D. MEDICAL OFFICER:—A. S. PLANT, M.R.C.S., L.R.C.P. BOROUGH ANALYST:—J. A. FOSTER, F.I.C. (Hull).

#### HEALTH DEPARTMENT.

#### SUB-DIVISIONS :-

General Sanitary Service (Borough).

General Sanitary Service (Port).

Isolation Hospitals (2).

Tuberculosis Service.

Maternity and Child Welfare Service.

School Medical Service.

Venereal Diseases Service.

Aliens Inspection.

Bacteriological Laboratory.

Mental Deficiency Act.

Blind Persons Act.

Factory and Workshops Act.

#### HOSPITALS SERVING THE DISTRICT:

Grimsby and District General Hospital.

Scartho Infirmary.

Scartho Infectious Diseases Hospital.

Laceby Small-pox Hospital.

Laceby Tuberculosis Sanatorium.

## To the Worshipful the Mayor, Aldermen and Councillors of the County Borough of Grimsby.

#### GENTLEMEN,

I have the honour to present for your information, and in compliance with the order of the Ministry of Health, a report as to the general condition of the health of the population of their area, and of the various health services for which the Council are responsible, through which the prevention of disease, the diminution of sickness, and the general physical welfare of the people are intended to be promoted.

#### GENERAL PROGRESS.

The population has increased by 4,480 in the last five years. Many new houses have been built, many streets have been lengthened and roads made up and widened. Large recreation fields and other open spaces have been acquired for the people. Better travelling facilities have been afforded to the villagers. Large areas have been sewered and drained, electric mains have been greatly extended and the roads are gradually getting better and more lasting treatment. The conservancy system of treating human excreta has nearly disappeared, and the night-soil men will soon cease to be employed as such. Fresh water from the main is laid on to every house in the Borough, the water is very hard, but pure and palatable. There are areas in the old part of the town which are due for representation as unhealthy areas by reason of age, dilapidation, want of air space and sunshine, but until the people dishoused can be housed in something much better, the procedure is blocked at the outset.

The Corporation is saved great expense in not having to treat the sewage bio-chemically so as to secure a clear and safe effluent—the vast estuary of the Humber doing this for them. People are warned not to eat shellfish gathered on the foreshore of these waters.

The Borough's power of extension is practically limited to S.S.E. and S.W.W.—owing to the sweep of the Humber on the N. & E., and the Urban District of Cleethorpes on the S.E. The new hamlet of Nunsthorpe has sprung up during the last 5 years—with its lay-out for roads and shops, and a population of some thousands. The time will come when the Borough boundaries will have to be pushed out in the direction indicated.

#### Special Schemes.

A large part of the time of the Public Health Service is now required for Maternity and Child Welfare work—details of which will be shewn under that heading. A new centre was opened 2 years ago, and another one will soon be

required—say at Nunsthorpe. A small Maternity Home is still a pressing need so long as overcrowding goes on. There are at present 5 sessions weekly for Maternity and Child Welfare work. Probably in 1927 a Maternity Home will be ready.

**Tuberculosis** is now nearly on a right footing. A new hospital for 24 beds for advanced cases is nearly ready. There is at present provision for early cases in males, but none for females. Surgical cases in children take 4 beds in another County, but 8 of our own would be better. There are 5 sessions weekly at the Dispensary, but not sufficient time or help for following up cases at home to the full extent.

In 1925 an After-care Committee was formed, based on voluntary funds and a small grant from the Ministry of Health. This Committee deals more especially with cases leaving Sanatoria—in trying to find them suitable employment, and in providing extra nourishment in the way of milk and eggs to poor cases of genuine tuberculosis.

Venereal Diseases—This clinic was removed from cramped premises in the General Hospital to a house acquired by the Corporation, and is doing increasingly good work. Five sessions per week had been given by the Medical Officer, and an orderly and nurse are in constant attendance. The V.D. Medical Officer will shortly extend the sessions from 5 to 8, become a whole time officer and do his own blood tests, etc.

The Ministry of Health instituted Clinics in Maternity and Child Welfare, School, Tuberculosis and Venereal Disease work with the idea that those patients who desired it should be put in the way of getting treatment rather than that they should be treated at the Clinics. Beyond the treatment of minor specified ailments in school children, refraction work, certain specialist treatment in tuberculosis and venereal diseases, and dental treatment for mothers and children, the rest of clinic work is purely advisory. The Medical Officers in charge of these clinics cannot be expected to be specialists in X-ray Therapy, Violet-ray Therapy, remedial exercises, electro therapy, osteopaths, nose, eye, ear and throat surgeons, etc., etc. This work has to be put out, and paid for by the Local Authority.

## Increasing Work placed on Public Health Authorities.

Tuberculosis and Venereal Diseases are rightly so placed because they are so prevalent, and are communicable. They also cause a great deal of incapacity, and are a heavy draw on the national resources.

With regard to **Cancer**—a disease which is increasing, and now causes a greater mortality than Tuberculosis. This disease is essentially one for the clinician, the

surgeon and the research scholar. Beyond propaganda work, public health authorities can do very little.

In **Pneumonia**—With present poor housing facilities, and lack of medical beds in hospitals, I do not see what steps can be taken to prevent the disease. To isolate the patient at home and to secure good nursing and nourishment, and to freely ventilate the room seem to be all one can advise. People with Influenza are advised to give up early and stay in bed. Measles and Whooping Cough are also urged and stressed as dangerous diseases.

**Rheumatism**—This disease is creeping into the list of preventable diseases, but is it preventable? Climate, soil, poverty, exposure, seem to be the principal predisposing causes. Beyond the general advice given to parents of children found rheumatic during school inspection, what more can the Health Authorities do. Good housing and good clothing seem to be the best preventive measures.

**Diabetes** and Insulin Treatment. In this case preventive medicine has been unduly encroached upon. Insulin should be provided by the leading hospitals of the town. It is not a public health measure, but a case for the private physician.

With regard to **Vaccination**, this extra work would be welcomed, and I venture to think be efficiently done by the Public Health Authority. I believe it would lead to fewer exemptions and more re-vaccinations owing to the work of the Health Visitors and School Nurses in looking up cases.

The present age of parsimony, the result largely of heavy taxation, increased cost of living, indifferent trade, is greatly hindering and hampering progress in public health and its ancillaries, such as school medical work, tuberculosis, maternity and child welfare. So far as public health alone is concerned, matters such as understaffing, lack of facilities for attending post graduate studies and conferences, special classes for learning more about mental deficiency, special work in School Clinics such as orthopædics, light therapy, ionisation and X-ray therapy, the inability to purchase outfits for these special and necessary works, and the lack of these things in other institutions in the area are felt and submitted to

In school work, in particular, facilities should be available for the correct treatment of Otorrhoea, Ringworm, and the bed treatment of operation cases of tonsils and adenoids. More out-patient departments should be available for the medical treatment of children's ailments. Artificial sunlight treatment should be available for debilitated children, and open air schools provided. We hope to have a Violet Ray installation shortly.

In Maternity and Child Welfare Work more provision is necessary for the mother at her confinement either in the home or in a maternity home. Convalescent homes are also necessary for mothers and children.

In Tuberculosis, more beds are required for surgical cases, and an orthopædic centre under a special surgeon to correct or prevent crippling or deformity. I

should like to see a Municipal Midwifery Service, a municipal hospital for sick children, another maternity and child welfare centre opened, and the services of a whole-time medical woman available.

Tuberculosis requires more time given to it than is available at present to allow of visiting at the homes by the tuberculous officer, and more consultations with the general practitioners. The new system of keeping records required by the Ministry of Health demand more time and work from the Tuberculosis Officer.

There are insufficient School Nurses on a basis of school population to cope with the work, and especially to conquer the verminous work.

School Nurses and Health Visitors should combine, and each nurse should take a district and do all the health and school work necessary for that district, and should all be on the public health staff. In this way overlapping would be avoided, and the school nurse, the health visitor, the tuberculosis nurse would not all be seen in the same street, or even the same house at any one time.

A district of this size requires 8 such visitors.

With regard to **School Work** this has grown so much that a Medical Officer is required whose chief duties would be those of school medical inspection and treatment, and would thereby release the others for more intensive work in child welfare and tuberculosis respectively. It is not good work or economically sound work to rush clinics and examinations in order to do enough to earn grants from headquarters. There must also be time to think and plan.

More time is also necessary for dealing with the problem of Mental Deficiency. These cases at home require supervising, either by a Health Visitor of some experience or by the Medical Officer of Health. It is very essential that provision be made to get "urgent" cases safely placed, and each large authority should either alone or combined make adequate provision. The position as it obtains to-day is most difficult owing to the scarcity of available beds. We should have an approved institution near at hand. Facilities should also be provided for educating mentally defective children in special schools or classes, and at occupation centres.

The Venereal Diseases Clinic is about to become a complete entity by the appointment of a whole-time V.D.M.O., and this should be the starting point of really good satisfactory work.

The failure to provide these things, none of which can be omitted in the interests of the public health, is due to want of money, and the fear of further over-burdening the ratepayer and the taxpayer.

The other great hindrance is the housing question. The local authority has made good progress with the building of houses of the artisan type, but the overcrowding is not reduced—Why? Because no houses are available at a rental of 10/- or 12/- per week, suitable for the casual labourer and the poor.

Sanatorium benefit has been largely defeated because the discharged patient has to return to a bad environment.

Maternal mortality and illness is increased by overcrowded lying-in rooms. Infant mortality, especially broncho-pneumonia, is increased by overcrowding and vitiated air.

Measles and Whooping Cough, Scarlet Fever and Diphtheria spread because of the absence of a spare room in the house.

Tuberculosis spreads for the same reason.

The recognised decencies of English home life are prevented when a whole family sleeps in one room, or grown up boys and girls occupy the same bedroom.

In a Memorandum the Ministry of Health give detailed directions as to the subject matter and arrangement of the report, and the directions there given have been followed, as far as possible, in the compilation of the present report. It will be understood by members of the Council that where details are given concerning matters with which they are already familiar that these are introduced for the information of the Ministry.

I am, Gentlemen,

Your obedient Servant,

B. C. STEVENS,

Medical Officer of Health.

## STATISTICAL SUMMARY.

1. GENERAL STATISTICS.

Area (Land and Inlan	d Water)	• •	• •	• •	• •	• •	(acres)	2,868	
Population (Census 192	21)	• •		• •	• •		• •	82,330	
Population (1925)		• •		• •	• •		• •	86,810	
Density of Population	per acre	• •		• •	• •	• •	• •	30.2	
Number of inhabited h	ouses (Cens	sus 1921)						17,554	
<b>,,</b> ,,	,, ( ,,	1925)				• •	• •	18,302	
Number of families or separate occupiers (Census 1921) 18,405									
Rateable value				• •			£3	355,615	
Sum represented by a	penny rate				• •			£1,484	
2.—Ехт	RACTS FROM	M VITAL	STAT	CISTICS C	F THE	YEAR	₹.		
Births:—	Males.	Females	s.	Total.					
Legitimate .	847	815		1662					
Illegitimate .	69	61		130					
	916	876		1792					
				1752					
								_	
Birth Rate	••	• •	• •	• •	• •	••	• •	20.6	
do.	0	d and W		• •	• •	• •	• •	18.3	
do.		at Town		• •	• •	• •	• •	18 8	
do.	157 Sm	aller Tov	vns	• •	• •	• •	• •	18.3	
( Males	522								
Deaths		-		• •	• •		• •	973	
( Female	s 451								
Death Rate						5	Total	11.2	
Death Rate	••	• •	• •	• •	• •	1	Nett	10.9	
do.	Englan	d and W	ales		• •			12.2	
do.		at Town		• •	• •	• •	• •	12.2	
do.	157 Sm	aller Tov	vns	• •	• •	• •	• •	11.2	
Number of women dy	ing in, or in	n conseq	uence	of, chile	dbirth:				
	From Sepsis	_		•• 2					

From other causes .. .. 10

Number of deaths of Infants under one year of age :-

			Legitimate.	Illegiti	mate.	Tota	ıl.	
			114	13		127		
Death Rate	e per 1,0	00 birth	ns 68·59	100		71		
do.	. d	o. I	England and Wales			75		
do.	d	o. 1	105 Great Towns			79		
do.	d	o. 1	157 Smaller Towns			74		
Number of	Deaths	from M	leasles (all ages)					6
do.	do.	Whoop	ping Cough (all ages)				• •	6
do.	do.	Diarrh	iœa (under 2 years of	f age)				10
-			late (including Diarr			,		•52
Diarrhœa a	and Ente	ritis De	eath Rate under 2 ye	ears per 1,	,000 bir	rths		5.58
Tuberculos	is (all for	rms) De	eath Rate per 1,000					1.10

### NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

#### POPULATION.

The population of the County Borough of Grimsby as ascertained by the enumeration of the people at the Census of 1921 was 82,330.

The area of the Borough amounts to 2,868 acres (if the foreshore to the level of low water is included, the area amounts to 3,260 acres), giving a density of population of  $30\cdot2$  per acre on an estimated population of 86,810.

This latter is the number estimated by the Registrar-General to be the population of the Borough at the middle of 1925.

The growth of Grimsby is shewn by the following figures:—

		Population.	No. of houses.
1871	 	 26,502	4,453
1881	 	 43,351	9,882
1891	 ·	 51,934	10,631
1901	 	 63,138	13,340
1911	 	 74,659	16,516
1921	 	 82,330	17,771
1922	 	 83,600	17,789
1923	 	 84,650	17,889
1924	 	 85,620	18,090
1925		 86,810	18,302

#### PHYSICAL FEATURES AND GENERAL CHARACTER OF THE DISTRICT.

Grimsby is situated on the south side of the River Humber, about seven miles from its exit into the North Sea.

From a geological point of view it is of quite recent date, the sub-soil of the town consisting generally of boulder clay of the pleistocene age, from 60 to 70 feet in thickness, overlying chalk of the later cretaceous period. The clay is interspersed in various parts of the town with old stream-lines filled with peat and river silt, and there are small areas or potholes in various parts also filled with alluvium.

Only in one corner of the Town, the N.E., is there to be found any glacial sand and gravel.

The chalk underlying the clay is very much fissured, and contains an apparently inexhaustible supply of artesian water of excellent quality. This water rises in borings almost to the surface level of the Town. The Waterworks Company pumps the water directly into the mains, but to avoid overcharging there is a balancing reservoir at Scartho some 200 or 300 yards from the south Boundary of the Town, and the use of this reservoir not only prevents the bursting of the water-mains but ensures a constant pressure.

Old Grimsby was at one time practically an island, and was in part formed of silt (tidal and irregular) from the Humber, but by the filling up and diversion of its waterways, and by the protection afforded by its harbour and docks, this feature has disappeared, and the depth of the soil up to this time has been shown to have increased several feet.

The clay being near the surface holds up the surface water and keeps the ground damp. Basements are nearly all damp, old houses without damp-proof courses are damp, and rheumatism and bronchitis are prevalent.

Roads and tram tracks need constant repairing owing to unstable foundations. For the same reason the roads are muddy in winter and dusty in summer, except those made of good macadam and tar-sprayed. Heavy rains are liable to cause flooding as the sewers have not much gradient owing to the flatness of the district.

The climate is damper and colder than that on the Lincolnshire Wolds some nine miles inland, but sunshine is plentiful and not unduly obscured by fog or smoke. W. and S.W. winds prevail, though long spells of East wind are not uncommon.

#### SOCIAL CONDITIONS.

The fishing industry and its allied and subservient occupations form the staple industry of the Town.

The Port of Grimsby has a considerable trade with the Continent, importing timber and general produce, and exporting coal and other merchandise.

The fishing trade is of vast proportions, nearly one-third of the total population being actually engaged in fishing occupations or in the landing and dispatch of fish.

Transport workers, dockside labourers and the employees of the various departments concerned in the trades and occupations ancillary to the fishing industry make up the remaining bulk of the artizan population.

There are no occupations in the town which could be said to exercise a definitely deleterious effect on the health of the workers. On the contrary, a very large part of the work is carried on out of doors, and is of a distinctly healthy and hardening character. The effect of this is seen in the more robust appearance of the men, as compared with the workers employed in mills and other definitely indoor occupations.

The following are some of the trades ancillary to the fishing industry:—

Fish Meal Factories, including fish manure works; liver boiling, fish drying, curing, smoking and packing; rope making, net making, manufacture of ships' gear and outfitting, ice factories and ship repairing.

Other businesses include sea trade with the Continent, river trade with Hull, jam factory, saw mills, granaries, breweries, poultry grit making, gut scraping and fat boiling.

#### BIRTHS.

There was again a decrease in the number of births in 1925, there being 1,792 as compared with 1,845 in 1924.

A glance at the table giving the birth rate over a series of years shows that Grimsby's birth rate is at all periods considerably in excess of that of the whole of England and Wales.

Table showing the birth rate recorded in the Borough since 1901, along with the corresponding rate for England and Wales:—

Year.	Number of Births.	Rate.	Birth Rate. England & Wales.
1901	2048	32.43	28.5
1902	1972	30.74	28.6
1903	1879	28.86	28.4
1904	1960	29.71	27.9
1905	1980	29.55	27.2
1906	2069	29.82	27.0
1907	2119	29.75	26.3
1908	2303	32.06	26.5
1909	2204	30.17	25.6
1910	2086	28.08	24.8
1911	2128	28.39	24.4
1912	2076	27.25	23.8
1913	2104	27.17	23.9
1914	2119	26.93	23.8
1915	1975	27.38	21.9
1916	1892	25.94	21.6
1917	1524	20.89	17.8
1918	1603	21.97	17.7
1919	1772	22.34	18.5
1920	2383	29.07	25.4
1921	2172	26.38	22.4
1922	2002	23.94	20.6
1923	1962	23.17	19.7
1924	1845	21.54	18.8
1925	1792	20.64	18.3

#### Illegitimate Births.

Of the 1,792 births recorded during the year 130, or 7.64 per cent. of the whole, were illegitimate.

This is an increase over 1924, when there were 104 illegitimate births, giving a percentage of 5.63 of the births registered.

#### MORTALITY RATE IN 1925.

There were registered during the year 973 deaths, 522 males and 451 females. Based on an estimated population of 86,810, these give a death-rate of 11·20 per thousand per annum.

This represents the total or crude death-rate of the district. For purposes of comparison it is necessary to take into account the deaths of Grimsby residents in Institutions outside the district, and deduct the deaths of non-residents dying within the district.

The inward transfers in 1925 amounted to 50, and the outward transfers of non-residents to 69. The corrected death-rate then stands at 10.98,

#### INQUESTS.

The following Table shows the number of Deaths where Coroner's Inquests have been held during the year ended 31st December, 1925:—

	Open.	::::::::	:::   v
	Stillborn.	:::::::::::::::::::::::::::::::::::::::	:::
OR JURY.	Man- slaughter.	:::::::::::::::::::::::::::::::::::::::	:::
FINDING BY CORONER OR JURY.	Wilful Murder.		:н :   н
IDING BY	Suicide	::2::::::::::::::::::::::::::::::::::	:::   OI
FIN	Natural Causes.	   :::%::::::::::::::::::::::::::::::::	36
	Accident or Mis- adventure.	ню: :4/0 : :н4 :на	28 28
	Total No.	H & 0 & 4 / 2 H H & 4 H H 2 +	1 I Z 82
	CAUSE OF DEATH	Suffocation Scalds Suicide Natural Causes Burning Falling Accidents at Sea Manslaughter Stillborn Drowning Street Accidents Found Dead Hanging	Wilful Murder Accidents on Railways Totals

Birth-Rate, Death-Rate, and Analysis of Mortality during the Year 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	19					
eaths.	Uncertified Causes of Death.	1.0	9.0	1:1	0.0	0.5
Total I	Inquest Cases.	6.9	7.3	5.9	6.8	7.8
Percentage of Total Deaths.	Causes of Death certified by Registered Medical Practitioners.	92.1	92.1	0.86	91.1	92.0
Rate per ,000 Births.	Total Deaths.	75	79	4.	67	77
Rate per 1,000 Birth	Diarrhæa and Enteritis (under 2 Years).	8.4	10.8	9.1	10.6	5.58
	Violence.	0.47	0.43	0.38	0.46	0.38
	Influenza.	0.32	0.30		0.23	0.17
1,000	Diphtheria.	0.07	60.0	90.0	0.11	80.0
	Whooping Cough.	0.15	0.18	0.14	0.19	90.0
Death-rate Population	Scarlet Fever.	0.03	0.03 0.18 0.09 0.30 0.43	0.03	0.05	0.00 0.06 0.01 0.06 0.08 0.17 0.38
eath Popu	Measles.	0.13	0.17	0.15	80.0	90.0
Annual Death-rate per Population.	Small-pox.	0.00	0.00 0.17	0.01 0.00 0.15 0.02 0.14 0.06 0.31	0.01 0.00 0.08 0.02 0.19 0.11 0.23 0.46	0.00
Ann	Enteric Fever.	0.01	0.01	0.01	0.01	0.05
	All Causes.	12.2	12.2	11.2	11.7	10.98
	Birth-rate per 1,000 total Population.	18.3	18.8	18.3	18.0	20.64
		ENGLAND AND WALES	105 County Boroughs and Great Towns, including London	167 Smaller Towns (1921 Adjusted Population 20,000 -50,000)	London	GRIMSBY C.B

#### CANCER DEATHS.

The following table shews the number of deaths from Cancer, with the rate per thousand of population over a series of years.

Year.	No. of Deaths.	Rate per 1000 living.	Year.	No. of Deaths.	Rate per 1,000 living.
1901	46	·721.	1916	83	1.13
1902	44	·68   <del>2</del> 4.	1917	64	·87 58
1903	40	68 61 69 68 69 69 69 69 69 69 69 69 69 69 69 69 69	1918	90	1.23 } 탕근
1904	47	·71 ring A	1919	82	.87 1.23 1.03 1.29 VAV. 1.29
1905	33	.49)	1920	100	1.22
1906	45	·64 <sub>\</sub> .	1921	106	1.28
1907	60	.84 den	1922	109	1.30
1908	57	•79 \ ♂ .	1923	120	1·41 〉 출근
1909	69	1.05 (H) A	1924	128	1·30   1·31 Onindnen. Av. 1·37.
1910	57	·76) <sup>©</sup>	1925	100	1.15/0
1911	54	·72)	•		
1912	68	·89 H &			
1913	89	1.14 \ 57			
1914	98	1.574 Siling A			
1915	84	1.16)			

It will be observed that the number of deaths from this scourge is still very high, though it is lower for 1925 than during the past few years.

#### INFANTILE MORTALITY.

The rate of infant mortality in 1925 was lower than in any previous year, and is also lower than that of the aggregate of England and Wales. This latter fact is a rare experience as far as the Borough is concerned, and shews that the Maternity and Child Welfare Centres are doing good work.

The rate per 1,000 births was 71, as compared with 99 in the previous year, and an average of 89 for the last five years.

The following table gives, for the past twenty-five years, the rate of mortality of infants under one year of age per thousand births, and the corresponding rate for each year in England and Wales collectively. It shews that the Infant Mortality Rate has been reduced by half in a quarter of a century.

Year.	No. of	GRIM	ISBY.	Rate per 1,000 Births	
rear.	Deaths.	Rate per 1,000 of Population.	Rate per 1,000 Births.	England & Wales	
1901	379	6.00	1857 ಇ.೮	151	
1902	284	4.42	144   12	133	
1903	321	4.93	170 \ n e gg	132	
1904	367	5.56	70 (185) Windennial Average 173	146	
1905	348	5.19	175	128	
1906	366	5.27	1765	133	
1907	325	4.56	Average 143	118	
1908	314	4.37	136 } %	121	
1909	264	3.61	119   5	190	
1910	275	3.70	131 🕽 🧲	106	
1911	328	4.37	1547 🔉	130	
1912	217	2.84	104	95	
1913	240	3.09	A Verage 122 122 125 126 127 127 127 127 127 127 127 127 127 127	109	
1914	278	3.54	131   ទី	105	
1915	210	2.91	106	110	
1916	189	2.59	9970	91	
1917	158	2.16	103   129   80   80   90   90   90   90   90   9	97	
1918	207	2.83	129	97	
1919	143	1.83	80   E	89	
1920	216	2.63	90 \ \frac{1}{8}	80	
1921	222	2.69	1025	83	
1922	187	2.26	93   68 98   78 99   71	77	
1923	153	1.80	78 \ 80	69	
1924	183	2.13	99   5	75	
1925	127	1.46	71 ) 🕏	75	

#### OLD AGE DEATH RATE.

271 deaths occurred in persons 70 years of age and upwards.

The following are the ages:—

Between	70 and 75	 	89
,,	<b>75</b> and <b>80</b>	 	82
,,	80 and 85	 	66
**	85 and 90	 	21
Also 2 @	90		Also 2 @ 95
,, 4 @	91		,, 1 @ 97
,, 2 @	92		,, 1 @ 98
,, 1@	93		

#### POOR LAW MEDICAL RELIEF.\*

The amount of medical relief granted to residents in the Borough is as follows:—

Number of	Medical Orders issu	ied (Out	door)		 	 278
,,	Admissions to the	Scartho	Road	Infirmary	 	 683
,,	Confinements				 	 21
,,	Operations (Major)				 	 66
,,	,, (Minor)				 	 92

<sup>\*</sup>By courtesy of the Chairman of the Board of Guardians.

# GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

#### HOSPITALS PROVIDED OR SUBSIDISED BY LOCAL AUTHORITY.

#### (1) Tuberculosis.

- (a) Corporation Isolation Hospital, Scartho.—4 beds are provided for advanced cases of tuberculosis. A new Tuberculosis Hospital is in course of erection at Scartho with accommodation for 24 beds. It is hoped that this will be completed and in use in the early part of 1926.
- (b) LACEBY SANATORIUM.—There are 20 beds for the treatment of tuberculosis. This number is supplemented in the summer months by the use of open air shelters.

#### (2) Maternity.

A scheme has gone forward for the approval of the Ministry of Health.

#### (3) Children.

There is no sick nursery nor creche. An excellent orphanage is controlled by the Guardians.

#### (4) Fever.

ISOLATION HOSPITAL, SCARTHO.—The accommodation is for 64 patients, and treats all the usual infectious diseases, and special cases at the discretion of the Medical Superintendent. Accommodation is sufficient for the present needs of the Borough, though it may not at times be able to accommodate cases of non-notifiable diseases sent in from the Homes under the care of the Guardians.

#### (5) Small-pox.

The Laceby Small-pox Hospital is now used as a Sanatorium for Tuberculosis (see above), and would be evacuated in case of Small-pox.

#### (6) Other.

Grimsby and District Hospital.—This General Hospital has accommodation for about 60 patients, and is a voluntary institution. The sphere of usefulness of this hospital is curtailed by want of beds. If 30 beds were added at once that would not represent the recognised requirements of hospital beds, viz., one per 1,000 of the population. One could safely say that the number of beds should be doubled, for it will be understood that the hospital serves a wide district outside the area of the County Borough, including Cleethorpes, Little Coates, Immingham, and a number of outlying districts. More beds are wanted for medical cases and for children. An orthopædic clinic and beds are urgently wanted, or a children's ward for infants suffering from the wasting diseases of infancy. Two or three beds are also required for obstetrical operations and for the detention of children after operations on the nose and throat. If these beds were available and there was co-operation between the various municipal clinics of the Borough and the hospital staff, much good would accrue to the community.

There is an arrangement between the Hospital and the Local Education Authority for the treatment of Tonsils and Adenoids and X-ray treatment for Ringworm.

## INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

This is partly voluntary and charitable, and partly under the Guardians. The Brighowgate Home provides for the children.

#### AMBULANCE FACILITIES.

- (a) For infectious cases.—Two motor ambulances are provided for the removal of infectious cases.
- (b) For non-infectious cases and accident cases. Two motor ambulances are provided, and are under the control of the Police.

#### CLINICS AND TREATMENT CENTRES.

Name and Situation.		Nature of Accommodation.	By whom provided.		
MATERNITY AND CHILD WELFARE (a) Centres	Municipal Hall, Burgess Street, Grimsby	Premises owned by the Corporation, and used as Municipal Welfare Centre. Large waiting room and accommodation for consultations and weighing of babies.	Local Authority.		

Name and Situation.		Nature of Accommodation.	By whom provided.
	Hamilton Street Grimsby	The building—discontinued as school premises—is rented from the Education Committee. Accommodation for consultations, weighing of babies, waiting room, etc.	Local Authority.
	Fellowship Hall, Watkin Street, Grimsby	The premises are rented from the Trustees, Grimsby Cripples Guild. Large waiting room, accommodation for consulta- tions, weighing of babies, and small room for toddlers.	Local Authority.
(b) Ante-Natal Clinic DAY NURSERIES	Municipal Hall NIL.	Waiting room, consultation room, etc.	
School Clinic	Municipal Hall, Burgess Street, Grimsby	Minor Ailments, Special Inspection and Eye Clinic—School Medical Service. Large waiting room consultation room, dispensary and bathroom.	Local Authority
Tuberculosis	Tuberculosis Dispensary Burgess Street, Grimsby	Half of Municipal Hall used as Tuberculosis Dispensary, waiting room, consultation room, doctor's and nurses room.	Local Authority
Venereal Diseases	V.D. Clinic, 38 Queen Street, Grimsby	8-roomed house owned by the Corporation—converted for the purpose. Waiting room, consultation room, women's operating room, irrigation room, nurse's room, one bedroom, bathroom and two kitchens.	Local Authority
DENTAL TREATMENT.	Dental Clinic, Hamilton Street, Grimsby.	Inaugurated May, 1925.  Waiting room, surgery and recovery room.	Local Authority

#### PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

A list is given at the beginning of this report shewing the above officers.

All are whole-time officers, and those to whose salary contribution is made under the Public Health Acts or by Exchequer grants, include the Medical Officer of Health, two Assistant Medical Officers, the Chief Sanitary Inspector, and the Port Sanitary Inspector.

The Medical Officer of Health is assisted in the work of the Department by two Assistant Medical Officers—Dr. J. W. Innes and Dr. Janet W. Hepburn.

Maternity and Child Welfare work is carried on by Dr. Hepburn, who also acts as Assistant Medical Officer, and has charge of the School Clinic. She also attends the three Welfare Centres, four sessions being held weekly, and holds an Ante-Natal Clinic on one afternoon a week. Dr. Hepburn also supervises the work of the midwives under the direction of the Medical Officer of Health.

The work of the Tuberculosis Dispensary is carried on by Dr. Innes, with five sessions each week. Dr. Innes also attends the patients in Laceby Sanatorium, and examines sputum for Tubercle Bacilli for the medical practitioners in the town and for the Ministry of Pensions, as well as in connection with the Dispensary and the Sanatorium, and also assists in School Medical Inspection work, and Inspection of Aliens. Dr. Innes acts as deputy for the Medical Officer of Health during the absence of the latter.

#### Sanitary Inspectors.

In addition to the Chief Sanitary Inspector, who is also Sampling Officer under the Sale of Food and Drugs Acts, and Executive Rat Officer under the Rats and Mice (Destruction) Act, there are four assistant Sanitary Inspectors. This excludes the Port, which has a Chief Sanitary Inspector and two Assistants.

#### Health Visitors.

There are four Health Visitors whose time is devoted solely to Infant Welfare work. They visit homes where births are notified, and advise mothers on the rearing and general hygiene of the infant. They also attend the Welfare Centre attached to their own district, visit cases of Ophthalmia, Measles, Chicken-pox, etc., and investigate still-births. They also make the necessary enquiries into applications for free milk, medical fees and dental treatment, and supervise the work of the Home Helps.

#### Tuberculosis Nurse.

This Nurse's time is devoted solely to Tuberculosis work. She attends the Tuberculosis Dispensary, weighs the patients, records attendances, and generally assists the Tuberculosis Officer in the work of the Dispensary. She visits notified cases of tuberculosis, and advises on the best means to adopt to prevent the spread of infection.

#### School Nurses.

There are three School Nurses who work under the direction of the Medical Officer of Health (who is School Medical Officer) and the Clerk to the Education Committee. One Nurse is attached specially to the School Clinic, while the others are engaged in visiting the Schools preparing children for medical inspection, weighing and measuring children to be medically inspected, and recording their condition as to cleanliness, etc.

#### Office Staff.

This consists of a Chief Clerk and four assistants (four male clerks and one female). The latter is engaged solely in clerical duties in connection with Maternity and Child Welfare work. She also attends each Welfare Centre, and pays all moneys received for the sale of dried milk and food into the Borough Treasurer's office.

#### PROFESSIONAL NURSING IN THE HOME.

(a) GENERAL.

The Queen's Nurses in Dudley Street are employed for this purpose, which includes such diseases as Pneumonia, Cancer, Tuberculosis, and complicated Midwifery.

(b) For Infectious Diseases, i.e. Measles, Etc.

The Local Authority pay for the nursing of Ophthalmia Neonatorum in the home, and for special cases of Measles recommended by the Medical Officer of Health.

#### Midwives.

No practising midwives are employed or subsidised by the local authority.

25 midwives practised in the Borough in 1925.

#### BACTERIOLOGICAL AND CHEMICAL ANALYSIS.

The Borough Analyst under the Sale of Food and Drugs Acts is Mr. J. A. Foster, F.I.C., etc., of Hull.

218 milk and other samples were examined during the year. The Analyst also makes a chemical examination of the town's water supply each quarter.

A bacteriological analysis is made of the town's water supply every three months by the Royal Institute of Public Health. Copies of these reports will be found under the head of "Water Supply."

#### Bacteriology.

The examinations made in the Laboratory of the Health Department during 1925 are as follows:—

		No. examined.	Positive.	Negative.		
For Diphtheria Bacilli		386	70	316		
For Tubercle Bacillus		332	85	247		
Others		11	10	1		
			-			
Total		729	165	564		
Those done away:—						
·		No. examined.	Positive.	Negative.		
For Typhoid Bacillus		9	2	7		
For Meningococcus		1		1		
For Diphtheria Bacillus		1	parameter .	1		
Others		1	1	_		
		12	3	9		
			Stranger Stranger			
In 1921 179 examination	s we	re made at home	and 158 away.			
In 1922 501 ,,		,, ,,	11 away.			
In 1923 574 ,,		,, ,,	4 away.			
In 1924 742 ,,		,, ,,	0 away.			

These figures will shew the steady increase of this kind of work, and the local demand for it.

12 away.

#### SANITARY CIRCUMSTANCES OF THE AREA.

#### WATER SUPPLY.

In 1925 729

This is in the hands of a private Company, who provide a continuous supply of water of a clear, bright limpid character, pleasant in taste and of a high degree of purity from a bacteriological standpoint. It is a chalk water, and has the usual hardness of such waters. This may be said to be practically its only drawback as a domestic supply.

Hence fully two thirds of the hardness is temporary, and is therefore removed by boiling, with the result that kettles, kitchen boilers and supply pipes become quickly "furred up," causing much annoyance and expense in cleaning out boilers and renewing pipes. The waste of soap consequent on the use of water of such high degree of hardness is enormous. There is no doubt, I think, that from a purely economical standpoint it would pay the cost many times over by the saving in soap and in various other ways to subject the water to some softening process before distribution.

Samples of the water, as taken from any convenient tap, are subjected quarterly to chemical and bacteriological examination, and the results are found invariably to be eminently satisfactory as a drinking water, apart from the "hard" character as stated above.

An average bacteriological report is as follows:—

Examination of Sample of Water.

Name of Sender.—Grimsby Corporation.

Particulars on label.—Sample of water from tap at rear of Health Office. The sample was packed in ice.

QUANTITATIVE ENUMERATION OF BACTERIA.

On gelatine plates kept for 4 days at  $22^\circ$  C, 2 colonies per 1 c.c. developed; of these none liquefied gelatine.

On Agar plates kept for 24 hours at 37° C, 7 colonies per 1 c.c. developed.

EXAMINATION FOR SPECIAL BACTERIA.

B. Coli absent in 100 c.c.

RESULT OF EXAMINATION.

No exception can be taken to the use of this water for domestic purposes on bacteriological grounds.

#### CHEMICAL ANALYSIS.

Sample of Water received from the Grimsby Corporation.

Mark: Grimsby Tap Water. No. 105.

		Grai	ns per Gallon.
Total Solid Residue	 	 	20.16
Chlorine	 	 	1.26
		Par	rts per Million.
Free Ammonia	 	 	0.002
Albumenoid Ammonia	 	 	0.010
Nitrogen as Nitrates	 	 	3.500

#### Remarks:—

This water is satisfactory in all respects.

#### RIVERS AND STREAMS.

Apart from the River Freshney, which discharges into the dock, there are no streams passing through the town. The smaller "drains" (i.e. small land drains) have all been culverted in where they are adjacent to house property with the exception of the Highfield Avenue drain belonging to the L.N.E.R.

#### DRAINAGE AND SEWERAGE.

I am indebted to the Borough Engineer for the following description of the drainage and sewerage of the town:—

The sewerage system is a direct discharge into the River Humber. The Borough is divided into two drainage districts with two separate outfalls into the River. Four-fifths of the town is drained to the eastern outfall, where it discharges by gravitation at low water, and is pumped at high water; the periods of pumping and of free discharge, being each about  $6\frac{1}{3}$  hours. There have been allegations from time to time that pollution of the foreshore has occurred with the deposit of solid sewage matters, and the Corporation have under construction at the time of writing this report two detritus pits and automatic sewage screening apparatus: this is being carried out with the help of a Grant from the Unemployment Grants Committee. The work was commenced in the Autumn of 1924, and will be completed in the summer of 1926.

Extensive building operations have taken place in the southern part of the town, and it was found that the amount of sewage and rainwater entering the sewers caused frequent flooding. To obviate this, nearly half a mile of 12" sewers were taken out, and new culverts varying from 2'0" to 5'0" diameter were constructed.

The remainder of the town gravitates to the western outfall, where there is no Pumping Station; the sewerage has a free discharge for  $6\frac{1}{3}$  hours, and is held up by means of a penstock for a corresponding period during high tide. Owing to laying out of additional streets and construction of additional houses in this Western area, it became necessary to construct an additional outlet into the main 7' 6" culvert, and a main sewer was carried the whole length of Armstrong Street to intercept sewage from the Southern part of this area.

The general level of the town is only one or two feet above ordinary spring tide level, and when a heavy rainfall coincides with spring tides slight floodings occur; at neap tides the water finds a way out. Owing to the flatness of the town the sewers are generally not self cleansing, and under the Borough Engineer three gangs of men with flushing tanks are continuously employed in sewer flushing. Apart from this disability, the sewers generally are well laid, water-tight, and in good condition. Between 1905 and 1910 the whole of the sewers were ventilated by the erection of 6-in. x 4-in. shafts attached to houses or other buildings, and every opening at street levels was closed. In a few instances, where permission could not be obtained, isolated vent columns were erected.

#### CLOSET ACCOMMODATION.

Up to the present time there have been two methods of sewage disposal in operation, viz., water carriage, and what is known locally as the "privy box" system. It is gratifying to know that in the very near future the privy box, so far as Grimsby is concerned, will be a thing of the past, as at the time of writing less than a hundred remain to be converted.

When the Council decided in March, 1908, to abolish the obsolete privy box system in favour of the modern system of water carriage there were approximately over 8,000 privies in the Borough, that is to say, about one half of the houses in the town were fitted with privy boxes. The work of converting these latter to water carriage proceeded steadily up to the end of 1914, when the war period brought the conversions to a standstill. Up to this time all conversions of privies had been effected by informal notice to owners without recourse to prosecution.

When work in this connection was re-commenced in 1919 there were in existence 3,338 privy boxes, and these have disappeared at a steady pace year by year until now, as stated, there are very few privies remaining in the Borough. The work was facilitated by the passing of the Grimsby Corporation Act in 1921, which gave the Corporation considerably more power to enforce the alterations. It is interesting to note that the carrying out of these conversions has involved the relaying of all drains to a large portion of the older parts of the town, thus effecting a distinct improvement in the drainage system.

#### SCAVENGING.

This work is under the direction and control of the Cleansing Superintendent, and is efficiently performed.

Household and shop refuse is collected weekly, and refuse from cafés, restaurants, etc., is removed twice weekly. 57 per cent. of the refuse is burnt at the Corporation Destructor, and 43 per cent. is disposed of for agricultural purposes and for reclaiming land.

In my opinion the means of disposing of house refuse is not adequate. Resort has had to be made to dumping, a doubtful procedure from a health standpoint, and also from an esthetic point of view. Cremation is the thing and the only safe way of dealing with refuse, and the existing Destructor is not large enough to do this, and has not moved with the times or the growth of the Borough.

Where a water closet has replaced a privy box, a portable galvanised sanitary dustbin is provided for household refuse. There are practically no open ashpits remaining in the town.

The scavenging of the few remaining privy boxes is done weekly, the nightsoil being sent to farmers in the neighbourhood. The following particulars as to scavenging during the period under review have been furnished by the Cleansing Superintendent:—-

Collection of House Refuse (Day).		
Total loads collected	• •	16,268
Deposited at the Destructor		10,614
" " Pulverizers		1,221
on rail for tipping at Killingholme Dump		1,463
,, ,, on land, allotments, &c		1,304
,, ,, for reclaiming land—Pyewipe		1,559
" " in the Holme Hill Brick Pit	• •	107
Collection of Privy Boxes (Night).		
Total loads collected		272
Deposited in railway trucks for Farmers		<b>27</b> 0
" on the land		2
1		k loads
,, ,, ,, road	2 mot	or loads
Street Scavenging and Gully Cleansing.		
T / 11 1 11 / 1		0.155
Total loads collected	• •	8,155
Deposited at the Holme Hill Brick Pit		3,624
The state of the s	• •	2,366
on allotments land to	• •	2,107
of Distroping (in wight sail tous les)	• •	58
,, at Pulverizers (in night-soil trucks)	• •	00
Street Watering.		
2 109 Motor leads		
11,983 Horse ,, 5,770,350 gallons sprinkled.		
, , ,		
Snow Removal.		
57 Motor loads ) Tipped at Holme Hill Brick Pit, S	Sewer	S,
2,896 Horse loads and Depots.		
Pulverizers.		
House refuse delivered to	1,2	21 loads
		ck loads
,, ,, road 306 cart or		
(For Agricultu	_	
, ,	*	•

#### Destructor (6 Cells).

			T.	C.	Q.	т.	c.	Q.
House refuse delivered to			11,475	16	3			
Sundry refuse delivered by trac	lesmen	, &c.	198	4	2			
, , , , , , , , , , , , , , , , , , ,						11,67	4 1	1
Rough Clinkers removed (free)						8	3,996	tons
Sold: Fine Ash							668	,,
Flue dust							54	,,
Scrap metals							137	,,

#### SANITARY INSPECTION OF THE DISTRICT.

A classified statement of the number of premises visited, the defects or nuisances discovered, and the action, and result of action, taken in respect of these will be found in the report of the Chief Sanitary Inspector, to which I would respectfully refer the Ministry and the Council. Although perhaps not quite in keeping with the regulations issued by the Ministry of Health, it has been customary in the past for the Chief Sanitary Inspector to issue a separate report to the Council. This report is appended herewith, and shows *inter alia*—

- (a) The number and nature of inspections made by him.
- (b) The number of notices served during the year, distinguishing statutory from informal notices.
- (c) The result of service of such notices.

#### PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Tables showing the number of Common Lodginghouses, Houses Let in Lodgings, Bakehouses, also Slaughterhouses and Offensive Trades Premises, together with the inspections made of these houses or trade premises during the year, will also be found in the report of the Chief Sanitary Inspector.

As regards Offensive Trades the Borough Council have steadfastly opposed the erection or use of any further premises for the establishment of offensive trades in the Borough.

The existing offensive trades are:—

5 Fat Boilers 2 Hide and Skin Markets 1 Glue Maker 3 Fish Meal Makers 3 Tripe Boilers 1 Artificial Manure Maker

2 Oil Refiners.

Considerable annoyance has been caused from time to time by fish meal factories, both in the Borough and just outside. Sometimes it is due to a break-

down in the plant, and sometimes it is deliberate, when for instance, the concentrators are speeded up to deal with an excess of fish offal, and the condensers are ineffectual or made so.

Better sanitary supervision and the adoption of special byelaws by the neighbouring authorities is doing much to abate this nuisance. Offal barrels, whether full or empty, are in hot weather very objectionable, as are also the wooden platforms on to which the offal is dumped from the barrels. The Sanitary Authority is alive to these conditions, and by dint of much visiting and advice have got the co-operation of the factory owners in taking "all reasonable care" to avoid the creation of nuisances.

#### HUMANE SLAUGHTERING.

The old methods of slaughtering animals for food still prevail in the Borough. The public conscience needs to be roused to demand that their meat shall be from animals who are rendered insensitive to pain with the greatest possible expedition before they are bled. People who know deny that the meat is in any way deteriorated. It is the least the public can demand by force of the dictates of humanity.

The recent regulations as to cleanliness in handling and displaying meat are a step in the right direction, but allow loopholes of escape.

A Central Abattoir is the only thorough way, both systematically and scientifically, of securing wholesome and clean meat. Once an abattoir was established humane slaughtering could be enforced and supervised. But there is no need for legislation if the public conscience is aroused and the people buy only meat that has been so treated.

Apart from these observations, the butchers are to be congratulated on the readiness they shew to inform the Health Authority of any doubtful carcase, usually sent in from some doubtful source in the neighbouring villages.

#### SMOKE ABATEMENT.

In addition to the injurious action of soot in the air on all living things, animal and vegetable, and on inorganic things like stone and paint, a more subtle and injurious effect is that of shutting off the rays of the sun so necessary for growing children. Grimsby cannot be said to be a smoky town when compared with large industrial centres, but there are many offending furnaces, which belch forth black or brown smoke too often in any one hour to be harmless. Engines on sidings contribute much to the smoke nuisance, and private chimneys allowed to catch fire are also nuisances.

Care should be taken to baffle and re-consume smoke as far as possible. Stokers should be trained how to stoke. Oil and electricity should largely replace coal in factories and self-propelled vehicles.

There is a lot of unnecessary smoke from the smaller vessels in the port, these should be oil driven.

Many motor lorries and traction engines on our roads seem to do their best to travel behind a smoke screen.

Special Byelaws are necessary to adequately deal with the smoke nuisance, but a parliamentary bill will, I expect, soon become law. No smoke should be allowed to last more than 3 minutes consecutively, and not more than 10 minutes in the hour.

#### FACTORY AND WORKSHOPS ACT, 1901.

The following diseases are notifiable to the Home Office:-

Poisoning by Lead, Phosphorus, Arsenic, Mercury, Carbon-bisulphide, Aniline and Benzene, Anthrax, Toxic-Jaundice, Epitheliomatous Ulceration (Cancer), Chrome Ulceration. There are no local factories where such cases may arise.

FACTORIES AND WORKSHOPS ACT, 1901.

## ANNUAL REPORT

Of the Medical Officer of Health for the year 1925, for the County Borough of Grimsby,

On the administration of the Factory and Workshop Act, 1901, in connection with Factories, Workshops, and Workplaces.

## 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

						or		
Premises.					In			Prosecutions
(1)						(2)	(3)	(4)
Factories (including Fac	tory La	undri	es)	• •		—		
Workshops, General (inc	luding \	Work	shop I	Laundries)		270	23	
Bakehouses				• •		182	15	
Offensive Trades		• •	• •	• •		845	44	-
	Total		• •	• •		1297	82	

## 2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

			,		Number of De	fects.	
Particulars	S.					Referred to H.M.	Number of
(1)				Found.	Remedied.	Inspector. I	
Nuisances under th	ne Public Hea	lth Acts	:			. ,	
Want of cleanlin	iess			22	22	_	
Want of ventilat	tion						
Overcrowding							
Want of drainag	e of floors			6	6		
Other nuisances				19	19		
C:4	insufficient			1	1		
Sanitary	unsuitable o	r defect	ive	24	24		
accommodation	not separate	for sex	es				-
Offences under the	Factory and	Worksh	nops				
Acts:—	•		•				
Illegal occupation	on of undergr	ound b	ake-				
houses (s. 10						_	
Other offences	••				-	_	_
(Excluding offences relat the Sections mentioned i Health (Factories and Order, 1921),	n the Schedule to	the Minist	ry of	-			
		T	otal	72	72		

#### HOUSING.

## (I). GENERAL HOUSING CONDITIONS IN THE AREA.

## (1) General Housing Conditions.

There are 18,302 houses in the Borough, and of this number fully 75 per cent. are of the artizan class.

In 1921 the density of population, or number of persons per acre, was 28.7, and the number of persons per house was 4.57. In 1925 the density of population had increased to 30.2 persons per acre, and the average number of persons per house to 4.74.

The increases, though slight, shew that the number of new houses erected has so far made little impression on overcrowding, because they are too expensive for the people who live in the poorer and overcrowded parts of the town.

#### (2) (a) Extent of shortage or excess of houses.

The number of houses already built has reduced the shortage in a small degree, but if 1,000 houses could be built at an inclusive rental of say 7/6 per week, it would go a long way towards solving the housing problem locally.

## (b) Measures taken or contemplated to meet any shortage.

Existing applicants for Corporation houses were asked by letter to renew their applications on a revised form, the intention being to ascertain the actual extent of the need for houses in the Borough. A notice of this intention was also displayed prominently in the Press, and as a result the Local Authority have decided to erect in 1926 a further 34 non-parlour houses.

# (3) Information as to any important changes in population during the period under review or anticipated in the future.

No important changes in population occurred during the year, and none are anticipated in the near future.

#### II. OVERCROWDING:

(1) Extent.—There is still a considerable amount of overcrowding in the town, the actual extent of which cannot be expressed in figures. A large number of houses, originally intended for one family, are without special adaption, being occupied by two and even more families. It does not, however, follow that all of these houses are seriously overcrowded, but the undermentioned summary shews a number of cases of overcrowding in a more or less degree which have come to the notice of the Health Department, where confinements have taken place.

Of 35 cases where families were living in one room the particulars are as follows:—

No. of Cases.

No. in Family.

7		3
6		4
12		5
4		6
2		.7
3		8
1	Total 35	9

Of 54 cases where families were living in two rooms the particulars are as follows:—

No. of Cases.

No. in Family.

3		3
12		4
9		5
14		6
7		7
4		8
4		9
1	Total 54	13

Of 11 cases where families were living in three rooms the particulars are as follows:—

No. of Cases.

No. in Family.

1		6
4		7
2		8
1		9
2		10
1	Total 11.	11

Of the 32 cases where families were living in four rooms the particulars are as follows:— No. of Cases. No. in Family.

,		
1		6
3		7
6		8
6		9
2		10
5		11
5		12
2		13
1		14
1	Total 32	16

(2) Causes.—The condition of overcrowding is, of course, the direct result of the shortage of houses caused by the almost complete cessation of building operations during the war period, and it is to be feared that the condition will continue until the large amount of leeway is made up in the provision of houses at an economic rent.

## (3) Measures taken or contemplated for dealing with overcrowding.

Cases of overcrowding on being brought to the notice of the Housing Committee either by application from the occupants of such houses or otherwise, are dealt with by the Committee.

## (4) Principal cases of overcrowding during the year 1925, and action taken.

A few cases of serious overcrowding have been brought to the notice of the Health Department, and these have been dealt with on general lines. The Sanitary Inspector takes action in cases of grossly overcrowded houses by bringing pressure to bear on tenants to reduce the number of occupants, or by requesting sub-tenants to find more suitable accommodation. Strict inspection is made and supervision carried out as regards sanitary arrangements and general cleanliness.

#### III. FITNESS OF HOUSES.

## (1)—(a) General standard of housing in the area.

The general standard of housing in Grimsby is decidedly good. There are certainly a number of old houses in the town which fall below the standard at which it is desirable to aim. Considering the size and extent of the town there are relatively only a small number of "not through" houses. The bulk of the houses have quite a large open space at the back, allowing free access of air and light.

When housing conditions reach a normal state some improvement in existing conditions can be effected by the demolition of property which shut out light and air from houses in terraces and yards.

## (b) General character of defects found to exist in unfit houses.

A general statement of the defects found to exist in house property is given in the report of the Chief Sanitary Inspector. These consist largely of leaky roofs and spouts, defective room floors and wall plaster, defective fireplaces, ovens, ranges, washing coppers and the like. W.c.'s out of order for various reasons also figure largely in the returns.

## (c) How far defects are due to the lack of proper management and supervision by owners, or to acts of waste or neglect by tenants.

There is some evidence of wanton destruction of property, especially in regard to walls and fences in back-yards, and the air space is often encroached upon by

unsightly sheds erected for the keeping of poultry, rabbits, etc. It needs to be borne in mind that some tenants are extremely careless in their handling of other people's property and the houses they occupy, and there is a very natural disinclination on the part of owners to do repairs required as a result of neglect or wilful damage on the part of such tenants. A glance at the back gardens of a row of houses gives one a fair impression of the care and tidiness of the tenants. A tidy garden means a tidy, cleanly house; a barren wilderness at the back is generally associated with broken windows, dilapidated blinds, etc.

Apart from this phase of the matter there is little ground for complaint. A few owners are inclined to allow their property to get into a dilapidated state, and are dilatory in attending to requests to put their houses into a reasonable state of repair, but on the whole owners are prompt to respond to requests to remedy defects found in the course of sanitary inspection.

## (2) General action taken as regards unfit houses under-

- (a) Public Health Acts:—Action is taken under the Public Health Act only in cases of general nuisances.
- (b) The Housing Acts:—Notices are served under Section 3 of the Housing Act, 1925, requiring houses to be put into a condition reasonably fit for habitation, and in several cases of non-compliance with such notices the Local Authority have themselves carried out the works required and recovered the cost thereof from the owners.
  - (3) Difficulties found in remedying unfitness, either under the Public Health Acts or under Sec. 3 of the Housing Act, 1925: special measures taken, or suggested, including, for example, any special action to secure improved management of property by owners, or better care of property by tenants: the gradual carrying out of repairs according to agreed arrangements: or any special method of dealing with unfit back-to-back houses or other types of insanitary property.

No serious difficulties are found in remedying unfit houses under the Housing Act, 1925. No special measures have been taken to secure improved management by owners.

(4) Conditions, so far as they affect housing, as regards water supply, closet accommodation, and refuse disposal, together with measures taken during the year in these matters.

The town water supply is laid on to the bulk of the property in the Borough, and is satisfactory. The conversion of box privies to water carriage system is a great improvement in the housing conditions of the older class of property in the

town, and there are now only a very few isolated privies remaining. The change, however, has brought about a large increase in the amount of dry refuse, for the disposal of which the existing Destructor is inadequate.

#### IV. UNHEALTHY AREAS.

No complaints were received or representations made that any areas were "unhealthy," and no action has been taken during the year in the way of scheduling areas.

There are some courts off King Edward Street, Burgess Street, Havelock Street, Hope Street and Victor Street that would be better cleared, but under existing conditions of shortage of houses it has not been considered advisable to take any action which would result in still further increasing overcrowding by reducing the number of dwellings.

## V. BYELAWS RELATING TO HOUSES, HOUSES-LET-IN-LODGINGS, AND TO TENTS, VANS, SHEDS, Etc.

## (1) As to working of existing byelaws.

Owing to the prevailing housing conditions, houses let in lodgings are not subjected to regular inspection as such under the Regulations, but are taken in the ordinary course of house-to-house inspection and re-inspection.

## (2) As to need for new byelaws or revision of existing Byelaws.

In view of the modern methods of building construction the Local Authority have made new Byelaws relating to new streets and buildings in the Borough which were approved by the Minister of Health on August 12th, 1925.

The Local Authority having found that the powers contained in Section 9 (1) of the Housing of the Working Classes Act, 1885, are insufficient in the local circumstances, are making Byelaws with reference to tents, vans, sheds, etc.

#### VI. GENERAL AND MISCELLANEOUS.

Generally, an account of any action bearing on the public health not covered by the above particulars, which has been taken during the year by the Local Authority in connection with overcrowding, insanitary property, and housing, whether under the Housing Acts or the Public Health Acts, including any action taken by the Authority to provide information as to the proper use of household fittings (e.g. sinks, water-closets, etc.) and the disposal of household refuse so far as possible by burning.

In every case where a water-closet has replaced a box privy in the Borough it is the practice of the Health Department to send a circular letter to the occupier of the house urging that care be exercised to prevent the w.c. becoming choked,

and warning the tenant that should any damage or chokage occur through careless or negligent use of the w.c. or its fittings, the occupier will be required to bear the cost of clearance or repair.

A paragraph is included in the letter quoting an extract from the Grimsby Corporation Act, 1921, regarding the proper use of dust-bins.

Through the agency of the Cleansing Department steps are taken to bring to the notice of householders their responsibilities in regard to refuse disposal, and asking for their assistance with a view to economising in the collection of refuse. Leaflets have been distributed urging upon householders, amongst other things, that vegetable and fish refuse be burnt on the kitchen fire and not thrown into the dust-bin, and also suggesting that ashes be riddled with a view to re-consuming a good deal of what is now waste fuel. Notices are also painted on the vehicles engaged in the collection of house refuse asking for the co-operation of the rate-payers in this matter.

#### HOUSING STATISTICS, 1925.

Number of new houses erected during the year :-(a) Total including numbers given separately under (b) 212 (b) With State assistance under the Housing Acts, 1919, 1923 or 1924: (i) By the Local Authority ... 59 (ii) By other bodies or persons 90 1.—Unfit Dwellinghouses. Inspection—(1) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) 1242 (2) Number of dwellinghouses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 or the Housing Consolidated Regulations, 1925 Nil (3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation Nil (4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... 581 2.—Remedy of Defects without Service of Formal Notices. Number of defective dwellinghouses rendered fit in consequence of informal action by the local Authority or their Officers 412

#### 42 3.—Action under Statutory Powers. A.—Proceedings under section 3 of the Housing Act, 1925— (1) Number of dwellinghouses in respect of which notices were served requiring repairs ... 98 .. .. (2) Number of dwellinghouses which were rendered fit after service of formal notices:-(a) By owners ... 98 (b) By Local Authority in default of owners Nil (3) Number of dwellinghouses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close Nil . . . . B.—Proceedings under Public Health Acts. (1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied... Nil (2) Number of dwellinghouses in which defects were remedied after service of formal notices :-(a) By owners .. .. Nil (b) By Local Authority in default of owners Nil C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925. (1) Number of representations made with a view to the making of Closing Orders . . . . . . . . Nil (2) Number of dwellinghouses in respect of which Closing Orders were made ... Nil (3) Number of dwellinghouses in respect of which Closing Orders were determined, the dwellinghouses having been rendered Nil . . . .

(The balance of 71 houses with defects were outstanding at December 31st, 1925, and will be included in houses remedied for 1926).

(4) Number of dwellinghouses in respect of which Demolition

. . (5) Number of dwellinghouses demolished in pursuance of DemoNil

Nil

Orders were made

lition Orders

## INSPECTION AND SUPERVISION OF FOOD.

#### MILK SUPPLY.

Most of the milk supplied in the town is produced outside the district, there being only seven wholesale producers within the Borough. Your Sanitary Inspector is Sampling Officer under the Sale of Food and Drugs Acts.

187 samples of milk were taken during the year, 54 being Official and 133 Informal.

A small amount of adulteration has taken place in the nature of fat abstraction and addition of water, and every possible effort is made by your Inspector to bring offenders to justice.

A complete statement of all the samples taken under the Sale of Food and Drugs Acts, and the prosecutions and the results thereof, will be found in the report of the Chief Sanitary Inspector appended herewith.

The total number of retail purveyors of milk in the Borough is 216, twentynine of which were registered in 1925. Dairies, Cowsheds and Milkshops are subjected to regular inspection and supervision. The premises of applicants for registration as milk purveyors are closely inspected as to their suitability or otherwise for the storage of milk, and the provision of proper covered receptacles is insisted on before registration is made.

## PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

Following is the report for the year ended 31st December, 1925, under the above Regulations:—

# REPORT OF ADMINISTRATION IN CONNECTION WITH THE PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 AND 1917.

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1925.

## 1.—Milk; and Cream Not Sold as Preserved Cream.

(a)  Number of samples examined for the presence of a preservative.		Number of samples examined for the presence of a	(b) Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk	• •	187	Nil
Cream		Nil	Nil

2	CREAM	SOLD	ΔS	PRESERVED	CDEAM
4.	CKEAM	SOLD	AS	TRESERVED	CREAM.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(1) (	Correct statements mad		• •	4		
(ii) S	Statements incorrect		• •			
	Total				_ <del></del>	

(iii) Percentage of preservative found in each sample ... .. ... 0.15% 0.10% 0.10% 0.10%

(b) Determinations made of milk fat in cream sold as preserved cream.

(i)	Above 35	per cent.	• •	 • •	4
/::\	D 1 05	,			'AT

- (ii) Below 35 per cent. .. .. Nil
- (c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed—Nil.
- (d) Particulars of each case in which the Regulations have not been complied with, and action taken.—Nil.
- 3.—THICKENING SUBSTANCES.—Any evidence of their addition to cream or to preserved cream. Action taken where found.—Nil.
- 4.—Other Observations (if any).

The four samples of cream, in each of which a preservative was reported to be present, were informal samples, and contained percentages of Boric Acid equal to 10.5 grains, 7.0 grains, 7.0 grains and 7.0 grains per lb. respectively.

## THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Under this Order seven licences were granted by the Council during the year ended 31st December, 1925, viz.:—

Dealer's Licence to use the designation "Grade A"	• •	• •	• •	1
Dealer's Licence to use the designation "Certified"	• •		• •	1
Dealer's Licences to use the designation " Pasteurised "	:			
(a) Pasteurising establishments				2
(b) Shops				3

There are two types of apparatus in use locally in connection with the pasteurisation of milk, viz.:—

(1) A flash Pasteuriser with holder, an American "Cherry" patent, and (2) a Lidgett Pasteuriser.

Three samples of Pasteurised Milk were submitted for analysis, the results being as follows:—

Sample number.	Fat.	Non-fatty solids.	Water.	Bacteriological Examination.
222	3.7%	9.1%	87.2%	Number of Colonies per 1 c.c. on Nutrient Gelatine after 48 hours—Innumerable.
				(Remarks:—Free from Preservatives, Dirt, parts per 100,000—1).
223	3.6%	9.1%	87.3%	Number of Colonies per 1 c.c. after 48 hours —Nil.
225	4·2%	8.8%	87.0%	Number of Colonies per 1 c.c. after 48 hours—3,000.

One firm holding a Pasteuriser's licence during 1925 did not actually pasteurise the milk. The milk was simply sterilised, and was not sold as "Pasteurised."

No licence for the sale of graded milk has been refused or revoked.

#### MEAT.

The provisions of the Public Health (Meat) Regulations, 1924, which came into operation on April 1st, 1925, fall under six main heads, viz.:—

Part I.—General; deals chiefly with definitions of the terms used in the Regulations.

Part II.—Slaughter-houses and Slaughtering.

Part III.—Marking of meat.

Part IV.—Meat Stalls:

Part V.—Shops, Stores, etc.

Part VI.—Transport and handling of meat.

As regards the inspection of meat most of the butchers in Grimsby have given notice in writing under the Regulations of their intention to slaughter animals on fixed days, and in cases where no such permanent notice has been given, special notice is delivered at the office of the Health Department either in writing or orally.

When one remembers that on certain days slaughtering of animals is taking place in a number of slaughterhouses scattered all over the town, it will be realised, I think, that it is not easy to maintain efficient supervision of the meat supply.

Taking into account, however, the number of carcases inspected and condemned during the year, it is fair to assume that the slaughtering of animals has been under control. Tuberculosis was the disease found in the bulk of the meat condemned as unfit for human food.

All condemned meat and carcases are removed to and burnt at the Corporation Destructor.

Meat Marking.—In the absence of any demand by local butchers for the marking of meat after being inspected and declared fit for food, and in view of the difficulty which would be experienced in carrying out such marking under the present method of inspection, it has not been thought advisable to make any arrangements to put this part of the Regulations into effect.

Stalls, Shops, Stores and Vehicles.—Parts IV., V. and VI. of the Regulations contain provisions for the protection of meat against contamination by dirt, etc. The provisions have been framed with a view to preventing objectionable practices in the handling, storage and transport of meat, so far as this can be effected by administrative action on the part of a local authority.

A person offering meat for sale from a stall is required to suitably cover such stall and screen the sides and back thereof, and some difficulty has been met with in enforcing the Regulations in this respect. Some retail butchers have also been slow to take adequate steps for the protection of meat from contamination by dirt and dust.

Transport and handling of Meat.—Part VI. provides that every person who conveys meat in a vehicle is required to keep clean the inside and covering of the vehicle, the receptacles in which the meat is placed, and such parts of other apparatus used for loading or unloading as come into contact with meat. Meat conveyed in open vehicles must be adequately protected by means of clean cloth or other suitable material, and any person carrying meat in a wholesale market or store must be provided with and wear, while so occupied, a clean and washable head covering and overall.

It is pleasing to note that this part of the Regulations has met with a ready compliance by persons engaged in the transport and handling of meat, and the Regulations are working satisfactorily in this respect. Before the Regulations came into force it was an all too common sight to see carcases of meat being conveyed through the streets in an open vehicle without covering of any kind.

## Slaughterhouses.

Statement of the number of private slaughterhouses in the Borough at the dates mentioned:—

	In 1920.	In January. 1925.	In December. 1925.
Registered	— 48	39	37
_	48	39	37

#### OTHER FOODS.

No case of food poisoning has occurred in the Borough during the year.

An account of the number of visits paid to bakehouses and food making-up premises will be found in the Inspector's report, together with a list of unsound food seized or forfeited during the year.

# PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

#### INFECTIOUS DISEASES GENERALLY.

There was no noteworthy incidence of any of the infectious diseases, either notifiable or non-notifiable, during 1925. Neither Scarlet Fever nor Diphtheria was epidemic to any serious extent, and the continued comparative freedom from Enteric Fever is a gratifying feature of the year's report.

The seven principal zymotic diseases are those of Small-pox, Scarlet Fever, Diphtheria, Enteric Fever (including Relapsing and Continued Fever), Measles, Whooping Cough and Diarrheea.

The notifications of the principal infectious diseases were as shown below:—

Scarlet Fever			 	 	 106
Diphtheria			 	 	 88
Enteric Fever			 	 	 7
Puerperal Fever	•		 	 	 2
Ophthalmia Neo	onator	um	 	 	 11
Erysipelas	• •		 	 	 17

There were no cases of Small-pox, Typhus Fever, Plague or Dysentery notified during the year 1925.

There are some of the notifiable diseases which should come off the list, and some at present non-notifiable which should be added,

Those that should come off are Erysipelas, Membranous Croup, Enteric, Continued. Those which should be added are Measles, Whooping Cough, Influenza and Infective Diarrhœa in children under 2 years.

#### Scarlet Fever.

The usual autumnal increase each year has been experienced, with, on the whole, a mild exanthem and very few complications. Cases of otorrhoea have always yielded to prompt treatment, and have cleared up before leaving hospital. An occasional acute nephritis arises even in mild cases, and for this reason alone Scarlet Fever cannot be treated lightly. Many "missed" cases have been detected in the peeling stage, but no serious harm has arisen. I am convinced that the hospital treatment of Scarlet Fever is preferable to the home.

During the year 106 notifications were received as compared with 103 in 1924. No special administrative measures for dealing with outbreaks were called for, and there was not at any time, or only to a very slight extent, evidence of a definite school outbreak.

Scarlet Fever has not been epidemic in the Borough for a considerable time. The last severe outbreak was in 1907 when there were 537 notifications, and prior to that year there was a more serious outbreak in 1902, when the number of notifications reached the highest total since notification of infectious disease was inaugurated, there being in that year 708 cases.

Of the 106 cases notified, 72 accepted Hospital treatment, equal to a percentage of the whole of 67.92.

The following table shows the comparative prevalence of Scarlet Fever over a period of 25 years:—

49

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1	2	3	4	5	6	7	j 8	9
Year.	Estimated Population.	Total No. of Cases Notified.	Attack Rate per 1,000 Population.	No. of Deaths Regd.	Mortality per 100 Cases Notified	Mortality per 1,000 Population.	No. of cases treated in Hospital.	Percentage removed to Hospital.
1901	63,138	202	3.19	1	•49	·01	51	25.24
1902	64,140	708	11.03	10	1.41	·15	156	22.30
1903	65,100	354	5.43	9	2.54	·13	128	36.15
1904	65,950	110	1.66	3	2.80	.04	54	49.09
1905	67,000	96	•43				44	45.83
1906	69,360	226	3.25	1	•44	·01	111	49.11
1907	71,220	537	7.54	11	2.04	·15	344	64.05
1908	71,800	283	3.94	5	1.75	.06	153	54.06
1909	73,040	136	1.86	1	·73	.01	96	70.58
1910	74,280	176	2.36		-		109	61.93
1911	74,950	237	3.16	1	·42	·01	155	65.40
1912	76,180	190	2.49	5	2.63	∙06	128	67:36
1913	77,420	171	2.20				125	73.09
1914	78,670	77	.97	1	1.29	·01	59	76.62
1915	72,130	143	1.98	3	2.09	.04	95	66.43
1916	72,930	149	2.04	1	·67	.01	112	75.16
1917	72,930	122	1.67	1.	·81	·01	89	72.95
1918	72,930	164	2.24	1	•60	·01	129	78.65
1919	79,290	100	1.26				70	70.00
1920	81,950	116	1.29	_			80	68.96
1921	82,330	64	.77				53	82.81
1922	83,600	98	1.17	_	_	_	76	77.55
1923	84,650	137	1.61		_	_	84	61.31
1924	85,620	103	1.20			_	72	69.90
1925	86,810	106	1.22	_			72	67.92

## Diphtheria.

The number of notifications received in 1925 was 88. This shows a decrease compared with 1924, when 123 cases were notified. In 1923 the total was only 81. As noted in the case of Scarlet Fever, there has been no serious outbreak during the past five years, only the usual autumn recrudescence. Of the 88 cases notified during the year 72 were admitted to Hospital for treatment, equal to a rate per cent. of the whole of 81.81.

Under the provision of the Diphtheria Antitoxin Order, 1910, antitoxin is provided free for use by medical practitioners where cases of Diphtheria are to be treated at their own homes or where the disease is suspected prior to definite

diagnosis, and full use has been made by local doctors of the facilities offered, and also of rapid bacteriological reports.

The Schick method of preventive treatment has not been taken up yet. Local Authorities will doubtless get a definite lead from the Ministry of Health when the test is perfected. The test would appear to be specially applicable in Children's Homes, Orphanages, Training Schools, etc. The Hospital treatment of Diphtheria is preferable to that in the average home.

Membranous Croup is Diphtheria, and should not appear as a separate infectious disease.

A table is appended showing the prevalence of Diphtheria over a period of 25 years:—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

	INCIDE					111005	TEARS.	
1	2 Estimated	3 Total No.		5 No. of	Mortality per 100	7 Mortality	No. of Cases	9 Percentage
Year.	Population.	of Cases Notified.	per 1,000 Population.	Deaths Regd.	Cases Notified.	per 1 000 Population.	treated in Hospital.	removed to Hospital.
1901	63,138	306	4.84	38	12.41	•60	97	31.69
1902	64,140	136	2.12	12	8.60	∙18	30	22.00
1903	65,100	101	1.55	8	7.92	·12	28	27.72
1904	65,950	141	2.13	19	13.47	·28	51	36.60
1905	67,000	105	1.58	14	13.33	•20	33	32.07
1906	69,360	126	1.84	21	16.66	.25	47	37.60
1907	71,220	118	1.72	11	9.32	·22	60	50.84
1908	71,800	147	2.04	11	7.48	.15	62	42.17
1909	73,040	74	1.01	7	9.45	.09	31	41.89
1910	74,280	75	1.00	3	4.00	.04	41	54.66
1911	74,950	140	1.86	9	6.42	·12	71	50.71
1912	76,180	140	1.83	13	9.28	.17	104	74.28
1913	77,420	173	2.23	10	5.78	·12	111	64.16
1914	78,670	100	1.27	4	4.00	∙05	76	76.00
1915	72,130	82	1.13	7	8.50	∙09	51	62.19
1916	72,930	108	1.48	6	5.55	.08	63	58.33
1917	72,930	68	.93	4	5.88	∙05	48	70.58
1918	72,930	51	·69	2	3.92	.02	33	64.70
1919	79,290	94	1.18	7	7.44	.08	68	72.34
1920	81,950	129	1.57	6	4.65	·07	95	73.64
1921	82,330	97	1.17	1	1.03	·01	76	78.35
1922	83,600	96	1.14	5	5.20	∙05	80	83.33
1923	84,650	81	∙95			_	68	83.95
1924	85,620	123	1.43	2	1.62	.02	104	84.55
1925	86,810	88	1.01	2	2.27	.02	72	81.81

#### Typhoid Fever.

Seven cases of Typhoid Fever were notified during the year, with one death, as compared with 5 in 1924 and 4 in 1923, with no deaths.

This may be considered a very satisfactory return having regard to the conditions which have prevailed in the town in respect to Typhoid Fever less than twenty years ago.

One case notified was evidently an imported one, in which the infection had been contracted in a neighbouring town.

There are usually a few cases in the autumn season; they are so few and so scattered that the source is seldom traceable. All Typhoid cases should go to Hospital for treatment as the nursing is the chief factor in the patient's recovery. Enteric Fever is the same as Typhoid Fever, and there is no need for both names in the list of notifiable diseases.

Relapsing and Continued Fevers are similar to the pyrexia of unknown origin which occurred in the war, and as such are not worth notifying, unless a blood examination reveals something.

Six of the seven cases notified were removed to Hospital, being a percentage of the whole of the cases notified of 85.71.

The following table shows the enormous decline which has taken place in the prevalence of Typhoid Fever in recent years:—

INCIDENCE OF TYPHOID FEVER (INCLUDING RELAPSING AND CONTINUED FEVER) IN VARIOUS YEARS.

1	2	3	4 13	5	6	7	8	9
Year.	Estimated Population.	Total No. of cases Notified.	Attack Rate per 1,000 Population.	No. of Deaths Regd.	Mortality per 100 cases Notified	Mortality per 1,000 Population.	No. of Cases treated in Hospital.	Percentage removed to Hospital.
1901	63,138	360	5.70	37	10.27	∙58	97	26.94
1902	64,140	410	6.39	29	7.07	•45	74	18.04
1903	65,100	245	3.76	20	8.16	•30	91	37.14
1904	65,950	121	1.83	13	10.74	·19	58	47.93
1905	67,000	119	1.77	12	10.08	·17	50	42.01
1906	69,360	101	1.45	10	9.90	·14	47	46.53
1907	71,220	123	1.72	16	13.00	•22	53	43.08
1908	71,800	124	1.72	14	11.29	·19	55	44.35
1909	73,040	151	2.14	21	13.90	•28	89	58.94
1910	74,280	105	1.41	19	18.09	•25	73	69.52
1911	74,950	79	1.05	19	24.05	·25	49	62.02
1912	76,180	18	•23	4	22.22	.05	9	50.00
1913	77,420	29	•37	7	24.13	.09	19	65.51
1914	78,670	19	•24	4	21.05	.05	15	78.94
1915	72,130	14	∙19	2	14.28	.02	9	64.28
1916	72,930	9	·12	_	—		7	77.77
1917	72,930	4	.05			_	1	25.00
1918	72,930	6	∙08	1	16.66	·01	3	50.00
1919	79,290	14	·17	_		_	5	35.71
1920	81,950	4	.04	1	25.00	·01		
1921	82,330	24	·29	1	4.16	.01	18	75.00
1922	83,600	5	∙05	1	20.00	.01	1	20.00
1923	84,650	4	.04				3	75.00
1924	85,620	5	∙05	_	- 7		5	100.00
1925	86,810	7	.08	1	14:28	•01	6	85.71

## Erysipelas.

Can be safely nursed at home unless special circumstances prevail such as overcrowding and other illness, when it is better to isolate the case. If there is a confinement in the house the Erysipelas case should certainly be removed.

17 notifications of Erysipelas were received during the year, and there were no deaths. In 1924 there were 11 cases with two deaths.

#### Puerperal Fever.

Two cases of this disease were notified in 1925, and there were two deaths. In 1924 there were four notifications with one death.

It is very desirable to notify these cases in order to follow up the disinfecting of the attendant's clothes and apparatus and the patient's bedding. These cases stand removal to hospital badly, and should, if possible, remain at home. One of the chief preventive measures is to secure for the parturient woman clean, airy and comfortable surroundings and a skilled and careful attendant. This disease is to be expected under the conditions of child-bed of some of the overcrowded and insanitary property still too prevalent in this country.

#### Ophthalmia Neonatorum.

Gonorrhœa being fairly prevalent and difficult to eradicate, a purulent discharge occurring in the eyes of a newly born infant during its first three weeks of life is a complaint to be constantly on the watch for owing to its seriousness. Nurses, midwives and health visitors should also be provided with Collosol Argentum, and the applications must be frequent and maintained until all discharge has ceased.

Eleven cases were notified during the year. (Further particulars in regard to Ophthalmia Neonatorum will be found in the Maternity and Child Welfare Section of the report).

## Cerebro-Spinal Fever (Meningitis).

Only occurs sporadically in civil life, and is diagnosed bacteriologically by an examination of fluid drawn off by puncturing the spinal canal. Where the fluid has to be sent away there are considerable difficulties in keeping the organism alive

Three cases of this disease were notified during the year, two of which were admitted to the Isolation Hospital.

## Acute Polio-Myelitis and Encephalitis Lethargica.

Acute Polio-myelitis, causing infantile paralysis, and Encephalitis Lethargica, called Sleepy Sickness, are not yet sufficiently understood to treat on any specific lines. The latter I have always regarded as an aftermath of Influenza.

Six notifications of Encephalitis were received during the year, and one case was removed to Hospital for treatment.

## Public Health (Pneumonia, Malaria, Dysentery, Etc.) Regulations, 1918.

Pneumonia.—This disease is not notified so regularly as it should be. It is still regarded by the public as an inflammation of the lungs and not as an acute infectious illness with lung symptoms as it really is. If the patient is strong enough to bear it, hospital treatment is preferable to that obtainable in the poorer homes, as the nursing and feeding are very important.

Under the Regulations there were notified during the year 46 cases of Pneumonia.

Trench Fever, Dysentery and Malaria are only likely to be seen in cases returning from abroad, and are not found in the average civilian population.

No notifications of any of these diseases were received in 1925.

#### Cholera.

No cases have occurred during the past 5 years. The danger is slight but ever present in a shipping port.

### Typhus Fever.

This disease, conveyed by bugs, has not appeared in Grimsby during the last five years. Lousy bedding on board ship is destroyed and strong fumigation resorted to.

## Plague.

May of course be introduced into a shipping port, and is conveyed by the rat flea. Rat proofing of ships and the destruction of vermin by fumigation, traps, etc., are the preventive measures usually relied upon.

#### Tuberculosis.

This disease is still notified too hastily in some cases, and too tardily in others. The services of the Tuberculosis Officer are always available in consultation with the medical practitioner. Details in regard to the notification of Tuberculosis will be found in another part of the report.

#### Small-Pox.

No cases have arisen during the past 5 years. A few bad cases of Chicken-pox have been seen with much pustulation and purpuric areas round the pustules. Small-pox is endemic in England to one's sorrow and disgrace. It is fortunately of a mild type, but it may become the loathsome, disfiguring and fatal disease of half a century ago—if not checked. There is only one check—viz., efficient vaccination.

The following Table shows the number of vaccinations and exemptions over a series of years:—

Year.	Successfully Vaccinated.	Conscientious Objections.	Unsuccessfully Vaccinated.	Successful Vaccinations. Percentage as to Births.
1921	690	1,340	5	31.62
1922	649	1,236	_	32.32
1923	944	889	2	47.29
1924	928	781	3	50.16
*1925	699	928	11	38.77

<sup>\*</sup> By courtesy of the Vaccination Officer.

#### NON-NOTIFIABLE INFECTIOUS DISEASES.

The chief of these are Measles, Whooping Cough and Influenza.

Rubella (German Measles), Varicella (Chicken Pox), and Parotitis (Mumps) are seldom, if ever, fatal, but Measles, Whooping Cough and Influenza are all dangerous diseases, and want isolation and good nursing. The chief complication common to all three is Broncho-Pneumonia.

Notification of these diseases is desirable in order that the homes may be visited and advice given, and certain of the worst cases removed to hospital if accommodation is available.

Preventive treatment by vaccines of infectious disease is still on its trial, but is probably the treatment of the future in most of the infectious diseases due to the invasion of the system by some recognised specific bacillus.

The notification of Chicken-Pox is a very useful measure where Small-Pox is present, although it is usually easy to tell the difference. There may be difficulties in severe cases of Chicken-Pox and mild cases of Small-Pox.

#### Measles.

Six deaths were registered from Measles during the year. Eight patients who could not be properly nursed at home were admitted to the Isolation Hospital.

## Whooping Cough.

There were six deaths from Whooping Cough during 1925, compared with 15 deaths in 1924.

#### Diarrhoea.

Only 12 deaths occurred from diarrhœal diseases during the year, chiefly in children under two years of age.

#### TUBERCULOSIS.

# Table showing NEW CASES and MORTALITY during 1925 for the County Borough of Grimsby.

		New (	CASES.		DEATHS.				
Age Periods.	Pulm	onary.	Non-Pul	monary.	Pulmo	nary.	Non-Pulmonary.		
	м.	F.	М.	F.	М.	F.	М.	F.	
0		_	3	2			1	2	
1	1		8	5	1		5	3	
5	4	1	5	4	1		2	1	
10	1	5	7	5		1	- A	2	
15	13	12	2	3	3	6	1	2	
20	13	14	_ 1		3	6			
25	11	19	2	3	13	8	-		
35	14	10		-	4	5	- I		
45	11	7	1		12	3	-		
55	5	6	2	M 1	2	5	2	-	
65 and	2	3			3	1	-		
upwards									
Totals	75	77	30	22	42	35	11	10	

Included in the totals of New Cases are 18 cases that came to the knowledge of the Medical Officer of Health through being certified as having died of Tuberculosis, but which had not been previously notified.

The proportion of non-notified Tuberculosis deaths was 18 in 98, or 18 per cent. Judging from the proportion of non-notified deaths, notification is now much more complete than it was several years ago. As recently as 1922 the proportion of non-notified deaths was a high as 45 per cent. With a view to getting still more complete notification, when a death is certified as being due to Tuberculosis without having been previously notified, a circular letter is sent to the practitioner concerned drawing his attention to the regulations and to the necessity for early notification in the interests both of the patient and of the public health.

For the purposes of comparison, the primary notifications received per thousand of population and the percentage of non-notified deaths for the past five years are shown below:—

	Total Primary Notifications.	Notifications per Thousand of Population.	Percentage of Non-notified Deaths.		
1921	128	1.55	?		
1922	109	· 1.30	45%		
1923	200	2.36	24%		
1924	193	2.25	18%		
1925	186	2.14	18%		

The number of cases of Tuberculosis remaining on the Register of Notifications on the 31st December, 1925, is shown below:—

Total		Pulmonary.		Non-Pulmonary.			
Cases.	Males.	Females.	Total.	Males.	Females.	Total.	
543	206	204	410	65	68	133	

The Mortality Rate for the Borough as compared with that for England and Wales since 1912 is shown in the following table:—

TABLE SHOWING THE DEATH RATE FROM TUBERCULAR DISEASES SINCE 1912.

8).	England and Wales. Rate per thousand of population.	1.34 1.35 1.35 1.52 1.69 1.02 1.12 1.06 1.06
Tuberculosis (all forms)	ISBY. Rate per thousand of population.	1.05 1.128 1.756 1.157 1.139 1.13
Tu	GRIMSEN No. of deaths.	80 922 130 130 122 121 121 102 111 102 98
у).	England and Wales. Rate per thousand of population.	10.1 98 11.02 11.13 11.22 11.23 88 88 88 83 843
Tuberculosis (Pulmonary)	GRIMSBY. Rate per thousand of population.	77. 86. 1.03 1.05 1.05 1.05 1.05 99. 89.
Tub	GRII No. of deaths.	\$5.00 \$7.00
	Year.	1912 1913 1914 1915 1915 1917 1920 1920 1922 1923 1924

The death rate from Tuberculosis in Grimsby is still in excess of that for England and Wales, but is showing a steady if gradual improvement. During the past five years, the death rate has fallen from 1.04 per thousand of population in 1920 for Pulmonary cases to 0.89; and from 1.48 per thousand for all forms to 1.13. In other words, if there had been no improvement, with the 1925 population and the 1920 death rate, the deaths in 1925 would have been 90 Pulmonary instead of 77, and 128 from all forms instead of 98. There have been saved, therefore, 23 per cent. of the deaths there would have been in 1925 had there been no improvement since 1920.

## PUBLIC HEALTH (Prevention of Tuberculosis) REGULATIONS, 1925.

These Regulations came into force on the 31st July, 1925. By them the Local Authority can, on the report in writing of their Medical Officer of Health, by notice in writing require any person suffering from tuberculosis of the respiratory tract and in an infectious state, who is employed in connection with a dairy or the handling of milk or vessels for containing milk, to discontinue his employment. They also forbid any person knowing he is suffering from Tuberculosis to undertake such employment. Only one such case has come to notice during the year. A tuberculosis patient intended taking up employment in connection with the sale of milk, but on being informed of the regulations and advised not to do so, he did not take up this employment and no further action was necessary.

## PUBLIC HEALTH ACT, 1925.

By section 62 of the above Act, where it is proved to the satisfaction of a Court of Summary Jurisdiction

- (a) That any person suffering from Tuberculosis is in an infectious state; and
- (b) That the lodging and accommodation provided for the person is such that proper precautions to prevent the spread of infection cannot be taken, or that such steps are not being taken; and
- (c) That serious risk of infection is thereby caused to other persons; and
- (d) That a suitable hospital or institution is available for the reception and accommodation of that person,

the court may on application by the Local Authority make an order for the removal of that person to that hospital, and for his detention and maintenance therein for such period not exceeding three months as the court think fit. This period may be extended on subsequent application.

The same powers were embodied in the Grimsby Corporation Act, 1921, Section 116, but so far have been of no service as there was no hospital for the reception of such cases. Now that a hospital for advanced cases is being established, this enactment will be of the greatest importance, and can be enforced where considered necessary.

#### TUBERCULOSIS SCHEME.

Chief Tuberculosis Officer .. .. . Dr. Stevens.

Tuberculosis Officer .. .. .. Dr. Innes.

Health Visitor and Dispensary Nurse .. Miss A. F. Chase.

The Municipal Tuberculosis Dispensary situated in Burgess Street is open for five sessions per week:—

- (1) Tuesday morning from 9-30.
- (2) Wednesday morning from 9-30.
- (3) Thursday morning from 9-30.
- (4) Friday afternoon from 2-30 (School Children).
- (5) Friday evening from 5-30 (Patients who are at work).

On receipt of a notification of Tuberculosis, the Health Visitor visits the case and takes full particulars (on Form B) of environmental conditions, number of inmates of house, particulars of contacts, etc. If the patient is well enough to come to the Dispensary, an appointment is made for his examination, and the treatment considered suitable is then advised, e.g. Hospital, Sanatorium, Domiciliary, or Dispensary. Contacts are also invited to attend for examination if they desire. Numbers of contacts avail themselves of this opportunity, but the numbers examined fall far short of what is desirable in order to have anything like adequate supervision. Owing to the number of other duties, no time is available for the Tuberculosis Officer to visit the homes of notified cases and examine contacts there. Doubtless it would be possible to have many more examined in that way. An alternative solution would be to make more time available for the examination of contacts at the Dispensary, and to have at least one more Health Visitor to hunt up contacts, and also cases that cease to attend, and are in consequence lost sight of, as at present it is not possible to keep sufficiently in touch with all, the present Health Visitor only being available for visiting when not employed at the Dispensary.

There is good co-operation between the Dispensary and the General Practitioners of the town, and also between this Department and the other Departments of the Health Service, but the work is really hampered by want of sufficient time to devote to it. There is, too, need for the provision of extra facilities for treatment and diagnosis, e.g., there is no provision for any orthopædic work, no arrangement for X-ray work, and no facilities for special Light Treatment. It would be a great boon if an installation for Light Treatment could be provided at the Dispensary. It would be invaluable for weakly pretuberculous children, and could be made available for the treatment of ricketty and marasmic infants from the Welfare Centres.

The total number of persons who attended the Dispensary during 1925 was 519, with a total of 3,020 attendances. Of these 519 persons, 173 were new cases, and 64 were contacts, making a total of 237 persons who were examined for the first time during the year. The results of the examination of new cases are shown in the following table:—

EXAMINATION OF NEW CASES AND CONTACTS AT THE DISPENSARY DURING THE YEAR 1925.

	1	Pulmo	ONARY	•	No	N-PUL	MONA	RY		To	TAL		
Diagnosis,	Ad	ults	Chile	iren	Ad	ults	Chil	dren	Ad	ults	Chil	dren	
	М.	F.	М.	F.	M.	F.	M.	F.	M.	F.	М.	F.	
A.—New Cases examined during the year (excluding contacts:— (a) Definitely tuberculous (b) Doubtfully tuberculous (c) Non-tuberculous	38	32	3	6	4	4	11	13	42 3 6	36 10 2	14 15 4	19 18 4	150
B.—Contacts examined during the year:—  (a) Definitely tuberculous  (b) Doubtfully tuberculous  (c) Non-tuberculous	-	_	1	_	_	_	_	_	3	- 8 16	1 6 8	9	173
042045													64

Twenty-three Dispensary cases died during the year, and of the 519 who attended during 1925, 417 were still on the Register on the 31st December.

#### NURSE'S VISITS.

During the year the Nurse paid a total of 614 visits to patients homes.

#### BACTERIOLOGICAL LABORATORY EXAMINATIONS.

During the year a total of 332 specimens were examined in the Laboratory for the presence of Tubercle Bacilli, 85 being found positive and 247 negative. The Laboratory work, like all the rest of the Tuberculosis work, is steadily increasing—the number of specimens dealt with having risen from 138 in 1921 to 332 in 1925, and now takes a considerable amount of time to carry out. A larger number of specimens from the Dispensary ought to be examined if there were time to deal with them. A large proportion of the specimens at present examined are sent in by the practitioners in the town.

#### INSTITUTIONAL TREATMENT.

A summary of Institutional treatment available, and the results for 1925 are given in the following tables.

#### RESIDENTIAL INSTITUTIONS.

(A)—Average Number of Beds Available for Patients during the Year 1925.

			Pulmonary	Tuberculosis.	Non-Pu Tubero		
		Observa- tion.	"Sana- torium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	Total.
A J14 M-1			1.4		1		15
Adult Males	••		14		1		15
Adult Females			8	4	1		13
Children under 15	• •	6	4		4	2	16
Total	• •	6	26	4	6	2	44

(B)—RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT DURING THE YEAR 1925.

			In Institutions on Jan. 1.	Admitted during the Year.	Discharged during the Year.	Died in the Institutions.	In Institutions on Dec. 31.
	ADULTS	( M.	6	49	40	1	14
Number of Patients	ADU	F.	8	35	28	6	9
	CHILDREN	M.	4	12	13		3
	Сниг	F.	4	8	10		2
	ADULTS	<b>м</b> .					_
Number of Observation	•	F.			garbon street		parameter)
Cases.		М.	7	22	22		7
	CHILDREN	F.				_	
	1	Cotal	29	126	113	7	35

(C) RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF PATIENTS AND OF OBSERVATION OF DOUBTFUL CASES DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR 1925.

Ī	cation ssion to itution.			Dura	ition	of Re	eside	ntial	Trea	tmei	nt in	the 1	Insti	tutio	n.
	Classification on admission to the Institution.	Condition at time of discharge.		nder onth F.		3-6 1 M.	mont F.	hs. Ch.			nths. Ch.		iont		Ttl.
SIS.	Class T.B.	Quiescent	1 3 1	I 5 2 I		3 	3 2 —	<u>3</u> <u>-</u>	=	= =		<u>-</u>		Ξ	19 19 3 1
TUBERCULOSIS.	Class T.B. plus. Group 1.	Quiescent		_ _ _	=	2 I —		=		=	=			=	7 —
PULMONARY ]	Class T.B. plus. Group 2.	Quiescent	<u> </u>	_ _ _		4 =	I 2	=		=	=		_ _ _	=	5 5
Pu	Class T.B. plus. Group 3.	Quiescent	_ _ 4 	_ _ 4	=			=	I 2 —	=	=	=	<u>=</u>	=	- I 8 6
TUBERCULOSIS.	Bones and Joints.	Quiescent or Arrested			3.						<u> </u>		=		3 7 2 —
	Abdominal	Quiescent or Arrested		_ _ _		<u> </u>		_ _ _	<u>-</u>	<u>-</u>	=		=	=	4 2 —
Non-Pulmonary	Other Organs.	Quiescent or Arrested		<u>-</u>			=	<u>-</u>	=	<u>_</u>	=	<u>-</u>	<u>=</u> = =	=	
NoN-	Peripheral Glands.	Quiescent or Arrested No material improvement Died in Institution		- - -				=	=	=		=	=		
			Unc	ler 1	wk.	I-2	2 wee	ks.	2	4 we	eks.		re th		
Observa-	tion for purposes of diagnosis.	Tuberculous  Non-tuberculous  Doubtful		Ξ	=		=	=	=	=		=	_	22	22
	Total Discharges 120														
To	Number of persons in Institutions on January 1st, 1925														

#### LACEBY SANATORIUM.

Medical Offi	cer	 	 	 Dr. Innes.
Matron		 	 	 MISS DAY.

Twenty beds are available at this Institution, viz., twelve for Adult Males and eight for Boys. In the Summer months this accommodation is supplemented by the use of open-air shelters. This Institution, which is, of course, the Small-Pox Hospital really, and only a make-shift as a Sanatorium, is intended primarily for early Pulmonary cases, but as there is no accommodation yet for advanced male cases, it is frequently necessary to admit cases that are not really considered suitable for sanatorium treatment. When the Tuberculosis Hospital is opened this will no longer be necessary, and will be a distinct improvement as the mixing of advanced with early or even doubtful cases is bad policy. The children admitted are mostly pretuberculous or observation cases, and these are kept quite separate from definite cases.

Although far from ideal as a Sanatorium, the results obtained at Laceby have been on the whole very good, but a good deal would have to be done to make it a really suitable institution for Sanatorium cases. It is very bleak in winter, but this could be improved a great deal by planting trees such as firs and pines for shelter. A great deal has been done lately to improve the grounds, and make the aspect of the place more pleasant, and the Matron deserves great credit for the interest she has taken in this as in the other branches of the work. Some of the internal arrangements are rather primitive.

The number of patients receiving treatment at Laceby has been steadily increasing, and in 1925 the largest number yet treated in one year was reached.

The number in the Institution	on Jar	nuary 1	st was	Adults		 9
				Boys		 6
						15
Admitted during the year				Adults		45
				Boys		 34
						79
Total treated during the year		• •	• •,	• •	• •	 94

One patient died in the Institution during the year, and 73 were discharged, leaving 20 under treatment at the close of the year—Adults 12 and Boys 8.

The total number of "patient-days" for the year was 7,502, and the average daily number of patients was 20.6.

The average duration of treatment for patients discharged during the year was 97.6 days.

The results of treatment are shown in the accompanying table.

		Quiescent.	Improved.	No material improvement.	Died in Institution.	Remaining.	Total.
Adults	• •	16	13	9	1	12	51
Boys		30	2	3		8	43

## OUTSIDE SANATORIA.

### Branston . Hall.

Eight beds, on an average, are utilised at Branston Hall Sanatorium by arrangement with the Lindsey County Council. These are for early Pulmonary cases and the normal distribution is six for adult females and two for girls.

There were six adults under treatment at the beginning of the year and two girls. Fifteen adults were admitted during the year and two girls, making a total of 25 patients who received treatment there during the year. Nineteen were discharged and one died, leaving five adults under treatment at the close of the year.

The results of treatment are shown below.

		Quiescent.	Improved,	No material improvement.	Died in Institution.	Remaining.	Total.
Adults	• •	3	7	5	1	5	21
Girls		1	3			_	4

The two beds at Branston Hall above referred to constitute all the Sanatorium provision for girls, and in consequence only definite cases of Tuberculosis can be sent. The girls are thus much worse off than the boys, as no open-air treatment can be given for the pretuberculous or observation type of case in girls. This type constitutes the large proportion of boy cases admitted to Laceby and undoubtedly a great deal of good is done them by preventive treatment. The provision of an Open-Air School or even of a Summer Camp for delicate children of both sexes would be a great boon, and would undoubtedly repay itself by the good it would do these children.

## Gringley-on-the-Hill Children's Hospital.

Four beds are occupied at the Gringley Children's Hospital for surgical cases in children. These are not sufficient for the cases that ought to receive treatment, as the cases are necessarily retained so long that practically no fresh cases can

ever be admitted. There were four cases there at the close of the year, their dates

of admission being (1) August, 1922.

Tune, 1924. (3)

(2) December, 1923.

(4) June, 1925.

There was one admission and one discharge during the year.

It is in connection with these cases that it is so necessary to have some scheme for Orthopædic Treatment. At present there is no provision for any such treatment, but possibly some scheme could be devised in conjunction with the local Hospital Authorities. It is certainly much needed in view of the present shortage of accommodation for these cases, and would be less expensive than the provision of more beds.

In addition to these two institutions, occasional beds are utilised at other sanatoria as the necessity arises, e.g., in adult surgical cases or other special cases.

Admissions to and discharges from other outside Sanatoria during the year were as follows:--

	SAN	ATORIUM.	Under Treatment Jan. 1st., 1925.	Admitted 1925.	Discharged 1925.	Remaining, Jan., 1926.
		Royal Sea Bathing Hospital, Margate		2	1	1
	Males	Royal National Sanatorium, Bournemouth	_	1	1	_
Adult		King George's San. for Sailors, Bramshott		1		1
		Royal Sea Bathing Hospital, Margate	_	2	2	_
	Females	Royal National Sanatorium, Bournemouth	-	1	1	_
		County Sanatorium, Hertford		1		1
	i	Total		8	5	3

#### HOSPITAL TREATMENT.

#### Scartho Isolation Hospital—Tuberculosis Block.

The only Hospital accommodation available for advanced cases during the year has again been the small block of four beds for advanced female cases at Scartho Isolation Hospital. The new hospital for advanced cases providing beds for 12 male and 12 female cases is now nearing completion, and it is hoped will be available very soon. This will certainly be a very important step in the Tuberculosis scheme, as no scheme, however complete in other respects, can meet with marked success so long as advanced cases are left at home to spread infection and manufacture new cases. This is especially so at present in view of the housing conditions, and the impossibility in some cases of the patient having a separate bed even apart altogether from the question of isolation at home. Even granted a separate room for the patient, the question of the prevention of infection is too difficult a problem for the class of the community in which most of the cases occur, and for the sake of the patient, of the other members of the household, and of the community in general, the only satisfactory method of dealing with advanced cases is by segregation in a special hospital.

The figures for the Tuberculosis Block at Scarthoe for the year are as follows:

Under Treatment January 1st, 1925	Admitted.	Discharged.	Died.	Remaining January 1st, 1926.
2	21	15	5	3

## Provision of Open-Air Shelters.

During the year six shelters were provided by the Council for the treatment of patients at their homes. These were supplied to patients who had returned home from sanatoria, and were desirous of continuing their open-air life, but had not the facilities for doing so in their homes. All are in regular use at present, and they are supervised by the Sanitary Inspectors of the district, who visit them frequently, and report as to whether they are being used, their condition, etc.

#### TUBERCULOSIS AFTER-CARE COMMITTEE.

Chairman	 	 Councillor C. E. Franklin.
Vice-Chairman	 	 Councillor W. S. Beales.
Secretary	 	 Mr. T. E. DAVIDSON.

This Committee was formed in the beginning of the year, and commenced its work in February. The primary object of the Committee is to look after the interests of patients returning home after sanatorium treatment during the critical period that follows their return, when funds have probably fallen to a minimum, there is no employment to be obtained even if the patient is fit to undertake it, and housing conditions are probably all against the patient in his struggle to maintain the improvement in his health. The duty of this Committee is to try to prevent such a combination of circumstances undoing all the good that has been done by the patient's treatment in a sanatorium at considerable expense to the public. To allow him to slip back into his former state is simply to waste the money that has already been spent on him.

For this work a grant of £2 per thousand of population per annum is available—in the case of Grimsby £172. Obviously a great deal could not be accomplished without raising considerably more money, and the Committee therefore devoted part of their energies to that end. By means of a flower-day in the streets, two dances in the Gaiety, and subscriptions, an additional sum of £265 was raised. This enabled the committee to extend considerably their sphere of operations. Not only have cases returning from sanatoria been helped, but numerous other deserving Tuberculosis cases in poor circumstances. Extra nourishment has been supplied in many cases; clothing and bedding in several, a few were helped to obtain houses under the Council's housing scheme; and others were helped in various ways, such as the payment of expenses in connection with special treatment and the payment for help in the home when a mother has had to go to an institution.

The members of the Committee visit the cases concerned, advise them to the best of their ability, investigate their circumstances, and, if they think proper, make a recommendation to the committee as to the manner in which help can best be provided.

The most disappointing feature of the committee's work so far has been the failure to devise any plan for finding suitable employment for discharged patients who are fit for work and cannot find any. Yet one can scarcely wonder at this when it is remembered how many fit men there are at present, and men not bearing the stigma of Tuberculosis patients—for unfortunately it is a stigma even in cases that are not a danger to other people—who cannot find employment. It is a problem that bristles with obvious difficulties and yet it should be possible for some of the Corporation Departments, e.g., the Parks, to set an example by absorbing a few of the suitable ex-sanatorium patients as vacancies occur.

On the whole the After-Care Committee, the members of which have displayed real enthusiasm for their work, has accomplished a large amount of useful work in its first year, and has definitely established itself as a unit in the Tuber-culosis scheme.

#### VENEREAL DISEASES.

(a) A separate building for the treatment of venereal diseases is provided at No. 38 Queen Street, the premises being acquired by the Corporation in 1922 for this purpose.

There are three sessions weekly for males and two sessions for females. The V.D. Medical Officer also goes to Lincoln twice a week to conduct similar Clinics there.

- (b) The present scheme has been in existence since October, 1922. Formerly the Clinic was held at the Out-patient Department of the Grimsby and District Hospital.
- (c) The present building is suitable for the purpose of a V.D. Clinic, but there are insufficient sessions owing to the absence of the V.D. Medical Officer at Lincoln on two days a week.
- (d) A new scheme has been prepared, and forwarded to the Ministry of Health for approval, which allows of extra sessions, and also provides that blood tests be done in Grimsby. Examinations of blood from the Lincoln and Lindsey Clinics will also be carried out in Grimsby.
- (e) A fair proportion of the local medical men send their V.D. patients to the Clinic for treatment, and a good proportion of patients arrive at the Clinic through having seen the advertisement plates which are fixed in the public conveniences in the Borough.
- (i.) The V.D. Medical Officer has also explained personally to medical practitioners from time to time the facilities available for diagnosis and treatment of venereal diseases.
- (ii.) Sixteen medical practitioners in the Borough are qualified to receive free supplies of arsenobenzol compounds, and 173 doses were supplied to them during the year.
- (iv.) Very few local practitioners have availed themselves of the facilities provided by the Council for pathological examinations.
- (v.) During the year action was taken against a Chemist under the Venereal Disease Act, 1917, for attempting to treat venereal disease, and he was convicted and fined £6 and costs.

# RETURN relating to all persons who were treated at the Treatment Centre at Grimsby, during the year ended the 31st December, 1925.

	Sypl	nilis.	So Char	oft nore,			other	than real.	Тот	AL.
	М.	F.	M.	F.	М.	F.	М.	F.	М.	F.
<ol> <li>Number of persons who, on the 1st January, 1925, were under treatment or observation for:</li> <li>Number dealt with during the year in the out-patient Clinic for the first time:—</li> </ol>	46 85	23	2	_	84	19	16 95		148 336	42 76
Total—Items I and 2	131	49	7	_	235	43	III	26	484	118
2 (a). Number of cases included in Item 2 known to have received previous Treatment at other Centres 3. Number of persons who ceased to attend the out-patient Clinic	8	2	_	-	5	_	_		13	2
(a) before completing a course of treatment for (b) after one or more	6	4	-	1-1	60	6	_	_	66	10
courses but before completion of treatment for (c) after completion of	6	2	-	-	-	-	_	_	6	2
treatment, but before final tests as to cure of 4. Number of persons transferred	3	_	_	_	6	_	_	_	9	_
to other Treatment Centres after treatment for	17	4	2	_	26	8	_	-	45	12
from the out-patient Clinic after completion of treatment and observation for:  6. Number of persons who, on the 1st January, 1926, were	20	4	5	_	71	5	_	-	96	9
under treatment or observation for:—	79	35		_	72	24	10	-	<b>1</b> 61	59
Total—Items 3, 4, 5 & 6	131	49	7		235	43	10		383	92
<ul> <li>7. Out-patient attendances:—</li> <li>(a) For individual attention by the Medical Officer .</li> <li>(b) For intermediate treatment e.g., irrigation, dressings,</li> </ul>	1048	564	24	_	1687	765	220	50	<b>2</b> 979	1379
etc					5287	1641			5287	1641
Total attendances 8. Aggregate number of "Inpatient days" of treat-	1048	564	24	_	6974	2406	220	50	8266	3020
ment given to persons who were suffering from:—	_	_	_	_	-	-	-	_	_	_
				For	detec	tion of			Fo: Wass	
9. Examinations of Pathological r			Spiro	chetes	Gono	cocci.	Oth Organ		ma React	n
<ul> <li>(a) Specimens which were example and by the Medical Off Treatment Centre</li> <li>(b) Specimens from persons at the Treatment Centre whiff for examination to an apprenance of the treatment of the control of the con</li></ul>	I	7	341			3				
atory		-		_			-	389		

## Statement showing the services rendered at the Treatment Centre during the year—Contd.

E. Give the names of arsenobenzol compounds used in the treatment of syphilis and the usual initial and final doses.

F. State the amount and kind of treatment usually administered to a case of Syphilis of each of the types usually dealt with at the Treatment Centre.

G. State the nature of tests applied in deciding as to discharge of patients referred to in Item 5 on previous page.

SULFARSENOL.—Cases of Adult Syphilis usually have a first dose of '42 gr. and a final dose '60 grm. Cases having Cerebral symptoms have a first dose of '24 gm. Children have doses according to age, the youngest commencing with '01 gramme.

EARLY PRIMARY.—Course of injections '42: '48: '48: '48: '60: '60: gm. weekly intervals except that 14 days interval between 3rd & 4th and 5th & 6th—course of intramuscular Bismuth '2: '2: '2: '2: '2: '2: '2: '2: '2: gm. The Bismuth sometimes given with the Arsenic and sometimes given on completing the Arsenic course at weekly intervals. Wassermann Tests before and after each course.

PRIMARY CASES, in which the Wassermann is not negative, repeat the above courses giving at least one course after the Wassermann becomes negative.

SECONDARY CASES likewise, Potassium Iodide gr. (ten) T.D.S. between each course for 14 days.

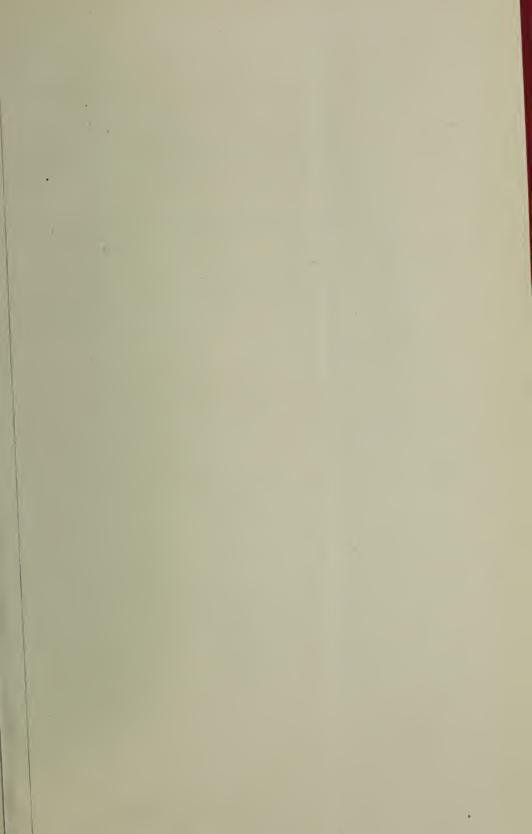
TERTIARY and PARASYPHILITIC conditions, and all cases suggesting involvement of the Brain commence with a small dose '24 gm. and work, up to similar courses as above. Children have courses of eight injections Sulfarsenol, the dose being according to age, and 6 or 8 weeks rest between courses.

Cerebro-Spinal Fluid Tests in all known cases of involvement of the Brain or Spinal Cord.

SYPHILIS.—After treatment monthly examinations and Wassermann Tests for 3 months. Three monthly tests for a further 9 months and six monthly tests for a further year. Total 2 years observation and tests.

GONORRHOEA.—(Male). Six weeks observation without treatment, with frequent test of Microscopic specimens from Urethra and Prostate. If clinical signs are absent, the urine perfectly clear, the smears negative and no follicles felt in Urethra usually ascertained by palpation over a Bougie, but in some cases by Urethroscope, patient is discharged cured.

GONORRHOEA (Females).—2 or 3 months observation with frequent Microscopic examinations of smears from Urethra and Cervic. If pus cells and micro-organisms are repeatedly absent, discharged cured.



# Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Grimsby	Lindsey	Aberdeen	Boston	Bolton	Banffshire	Birmingham	Belfast	Beccles	Buckie	Clacton	Crowle	Doncaster	납	Fraser Burgh	Fleetwood	Goole	Hall	Holland	Halifax	Ipswich	Liverpool	London	Leeds	Lowestoft	Leicester	Wales.	Manchester	Nortolk	Newcastle	Nottingham	King's Lvnn	Margate	Orkney	Ornsby	Russia	Sweden	Spalding	Rumania	Warrington	Winslow	Westcliff	Total
A. Number of persons from each area dealt with during the year for the first time and found to be suffering from:—																																											
Syphilis	69	26	-	-			I						I						2	 	-	I		I			-  '		I	1	-	-	- I	-		2	2	_	I				III
Soft chancre		1	-	-	-		-	-	-	-			-	-	-1		-	-		-	_		-		I	- -	-  -	- -	-  ~		-  -	-  -	-	- I		2				-		-1	5
Gonorrhoea	IOS	30	2	I	I	I		-	-	I	I	I		2	I	-	I	I	I	2	I	2	3	I	2	_	ī   -	-	_ I		- 1	I	-	I	I	I	2			ı	1	I	175
Conditions other than venereal	7:	4 35	-	_	_	I		1	I	I						2		-		-	I	_	_		_	1	-	-	1 -		_	_	-	-			I	I		_			121
Total	25:	92	2	I	I	2	1	I	I	2	I	I	I	2	I	2	I	I	3	2	2	3	3	2	3	I	I 1	: :	2 2	: 1	I	I	I	I	I	5	5	I	I	I	I	I	412
B. Total number of attendances of all patients residing in each area  C. Aggregate number of "In-patient days" of all patients residing in each area		3340	9	I	I	2	I	1	I	9	3	I	I	9	I	2	2	4	3	3	2	6	9	2	14	I	I I		6 2	2	2	2	I	3	4	5	8	2	I	1	1	1	11286
D. Number of doses of arsenobenzol compounds given in the :- 2 In-patient Dept to patients residing in each area.		218	-															-	I		_							4	4 1	_			-			I	2						763 —

### MATERNITY AND CHILD WELFARE.

### Statistical Returns.

Population (1925)					86,810
Registrar General's estimate for Birth-rate, 192	25—26				87,190
No. of Registered Births					1,792
No. of Notified Births					1,454
No. of Still Births					48
No. of Illegitimate Births		• •			130
Birth-rate per thousand population					20.64
No. of Deaths of Infants under one year					127
Infant Mortality Rate, per 1,000 births		• •	• •		70.87
Maternal Mortality :—					
(a) From Puerperal Fever					2
(b) From other complications of Child-birth					10
		••	• •	•	10
1	• •	• •		• •	2
No. of Notified cases of Ophthalmia Neonatoru	m (Doo	ctors 9,	Midwi	ves 2	2) 11
No. of Midwives practising in the Borough :—					
Independent					TE
Employed by District Nursing Association		• •		• •	15
Subsidised by Wesleyan Mission		• •	• •		7
		• •	• •	• •	_
No. of Midwives trained	• •	• •	• •	• •	18
No. of Midwives untrained	• •	• •	• •	• •	7
Percentage of births attended by Midwives	M . 11	111.	• •	• •	45%
Percentage of cases in which Midwives sent for	Medica	ıı neib	• •	• •	11%
Infant Welfare Centres :—					
No. of names in books in 1925					1,457
No. of attendances of mothers					15,608
Average attendance per session					80.45
Health Visiting:—					
No. of first visits					1,621
No. of re-visits			• •		13,113
No. of Miscellaneous visits			• •		152
No. of Ante-Natal visits	• •		• •	• •	428
No. of Ante-Natal Clinic cases	• •		• •	• •	160

### Midwives Roll.

During the year 25 midwives notified the Local Supervising Authority of their intention to practice within the Borough. No midwives are subsidised by the Local Authority.

### Inspections.

42 visits were paid to midwives at their homes to see that their bags and appliances were complete, and in accordance with the rules of the Central Midwives Board, and that their registers were entered up correctly and up-to-date.

### Births Attended by Midwives.

790 live births and 26 still births were attended by midwives during the year. Midwives attended 45 per cent. of the total births registered in the Borough during 1925.

### Notices to Local Supervising Authority.

In accordance with the rules of the Central Midwives Board, doctors were called in to assist midwives in 92 cases of difficulty, and their fees have been paid by the Local Supervising Authority. Re-payments of medical fees in full or in part have been obtained where the income of the patient permitted.

### MATERNAL MORTALITY.

### Puerperal Sepsis.

During the year 2 cases of puerperal sepsis were notified as compared with 4 cases in 1924, and one case in 1923. In one of the notified cases there was a fatal result, and in addition to this another case of puerperal sepsis occurred, no notification of the disease having been previously received. There were in all 15 deaths due to or connected with pregnancy or parturition, and included in this total are two deaths following upon illegal operations.

The causes of death were as follows:-

Pulmonary Embolism	• •							3
Pernicious Vomiting								1
Eclampsia								1
Obstructed Labour								2
Placenta Prævia, follow	ed by	Puerp	eral Sep	sis				1
Ante Partum and Post	Partun	n Hæn	orrhag	e			• •	1
<b>1</b> 1	• •		• •		• •	• •	• •	1
Miscarriage	• •		• •		• •	• •	• •	2
Syncope due to cardiac	valvul	ar dise	ase (in	the pue	erperiu	m)		1

The above may be grouped into three classes, viz.:— (1) Complications of Pregnancy (6 cases), (2) Complications of Parturition (3 cases), (3) Complications of Puerperium (4 cases).

This gives a total maternal mortality of 8.3 per 1,000 births, or excluding the 2 fatal results following illegal operations, 7.2. In 1924 there were only 7 maternal deaths, so that in one year the number has almost been doubled. In the majority of these cases early treatment and subsequent institutional treatment would have done much towards preventing a fatal result. In at least three cases the home conditions were very bad, and in no case had there been any attendance at the ante-natal clinic, though the health visitors had been seeing some of them regularly and urging them to attend. The importance of attendance at the ante-natal clinic is not yet generally recognised, though it is beginning to be better known.

Such a maternal mortality surely emphasises the need for a maternity home, where special treatment can be carried out in good surroundings and where the normal case can take place away from an overcrowded and, in many cases, dirty home.

Overcrowding is still very bad, many families living in single apartments; in such cases, confinement at home is practically out of the question, and can never be either hygienic or free from risk, especially when there are several children in the family, living, eating and sleeping in the same room. Apart from this aspect, such overcrowding means that the mother gets very little rest, and during the time she is in bed, still continues to look after the family so far as is in her power. By the time she is going about again she has not yet regained her strength and the almost inevitable result is the rapid failure in breast feeding. Such a case is seen daily at the Infant Welfare Clinics, and is very difficult to put right.

### Ante-Natal Clinic.

Total number of attendances

The extent and nature of the ante-natal work undertaken during the year, at the ante-natal clinic—one consultation session weekly of two hours duration—is summarised as follows:—

Total number of a	atten	dances	• •	• •	• •		• •	• •	211
Total number of t	first a	ttendar	nces	• •	• •	• •	• •	• •	160
The conditions four	nd w	ere—							
Normal					• •				92
Albuminuria and	Toxa	emia							5
Contracted Pelvis	5		• •		• •	• •			7
Constipation	• •	• •	• •	• •					2
Hæmorrhage	• •	• •	• •	• •		• •	• •		6
Sickness	• •	• •	• •	• •		• •	• •		5
Malnutrition	• •	• •	• •	• •	• •	• •	• •		2
Venereal Disease	• •	• •	• •	• •	• •	• •	• •	• •	1

Dental Disease	 	 	 	11
Disease of Heart, Lungs, etc.	 	 	 	11
Other complications	 	 	 	18

In no case was there a fatal result, and most of the pregnancies terminated with a living mother and child. In 23 cases there was definite disease or disability resulting from previous confinements; such disability leads to serious impairment in the health of the mother, thus increasing the dangers of confinement, and subsequently diminishing the power of lactation; it also lessens the likelihood of the birth of a healthy infant. In such cases it is believed that institutional treatment would be very beneficial, and also that by early ante-natal supervision and subsequent institutional treatment, similar disasters might be avoided in the future.

Apart from the figures given above, many ante-natal cases are seen and advised at the ordinary infant welfare consultations, especially where the mother is unable to travel the distance to the ante-natal clinic, either on account of her ill-health or inability to leave her children. Many cases of nursing mothers suffering from ill-health subsequent to their confinement are also treated at the Antenatal Clinic.

	1922	1923	1924	1925
Total number of cases at Ante-natal Clinic	 93	163	143	160
Total number of attendances	 203	293	245	277

No figures available for 1921.

From the above table it will be seen that the amount of work done at the Ante-natal Clinic remains fairly steady. During 1924 and 1925 it has been found that though there have been fewer cases, their attendance has been much more regular, and thus more opportunity for teaching has been available.

Information is always given to the mothers regarding general hygiene, and model baby clothing is demonstrated and recommended. Breast feeding is advised, and the expectant mother taught how to prepare for lactation. In the majority of cases who attended the Ante-natal Clinic, breast feeding is successfully maintained during the first eight months, even where lactation had hitherto been regarded by the mother as impossible.

### OPHTHALMIA NEONATORUM.

		Cases.				1	
		Trea	ated.	Vision	Vision	Total	
	Notified.	At Home.	In Hospital.	un- impaired.	impaired.	Blindness.	Deaths.
Doctors	 9	11		11			
Midwives	 2	11	_	11			

Efficient following up and nursing of all cases of Ophthalmia Neonatorum has proved very successful in preventing subsequent impairment of vision.

By arrangement with the Local Authority, all cases of Ophthalmia Neonatorum were nursed in their homes by the Queen's Nurses.

### Notification of Births Act, 1907.

1,454 notifications under the Act have been received out of a gross total of 1,792 births registered, equal to 81·1 per cent. 916 male and 876 female births occurred in Grimsby during the year.

The following table shows from whom the notifications have been received:—

Notified by.			Li	ive Births.	Still Births.
Medical Practitioners		 		548	22
Certified Midwives		 		790	26
Parents		 		68	
•					
				1406	48
	•				
				Total .	. 1454

### INFANT WELFARE CENTRES.

		Hamilton Street.	Watkin Street.	Municipal Hall.	Total.
egister	 	821	263	373	1,457
	 	8,854	3,135	3,619	15,608
	 	5,921	1,948	2,468	10,337
	 	3,778	2,166	1,954	7,898
ces:—					
	 	92.22	65:31	72:38	80.45
	 	2,869	1,186	1,256	5,311
	 ces :—		egister 821 8,854 5,921 3,778 ces:— 92·22	egister	egister

### Distribution of Dried Milk and Food.

16,871 lb. packages (or 150 cwts. 71 lbs.) were distributed at the Welfare Centres, made up as follows;—

			Sale	s.	Gif	fts.	
			cwts.	lbs.	cwts.	lbs.	
Hamilton Street			51	110	33	91	
Watkin Street	• •		24	75	7	4	
Municipal Hall	• •	• •	20	27	12	100	
			96	100	53	83	

The number of expectant and nursing mothers who were allowed free help during the year are as follows:—

Hamilton Street		253
Watkin Street		45
Municipal Hall	• •	93
		391

Infant Welfare Centres are now three in number, at one of which two sessions are held weekly, thus making four sessions weekly since February, 1923.

### Total Attendances at Infant Welfare Centres.

				Mothers.	Babies.	Children.	Total.
Total at	tendances,	1921	 	12,216	9,897	3,801	25,914
,,	,,	1922	 	13,586	8,957	5,212	27,765
,,	,,	1923	 	13,902	9,625	6,941	30,468
,,	,,	1924	 	14,704	10,017	7,426	32,147
,,	,,	1925	 	15,608	10,337	7,898	33,843

From the above figures it will be seen that the work at the various Infant Welfare Centres has increased very markedly during the period 1921-25, the attendances having increased in all groups, but most of all in the children's or toddler's group, which has more than doubled its numbers in that period. During 1925 it has been noticed that the total number of names on the register has not reached the same high figure as in 1924, but against that apparent decrease may be put the fact that attendances are now much more regular, and that there are now comparatively few new cases who put in one attendance only; such cases may be said to be a dead loss to the working of a centre, that, is they take up time and space and apparently gain nothing from their visit. It is very gratifying to find that there is a quite definite class of young mothers attending Infant Welfare Centres for the purpose of learning how to bring up healthy children. Such a class it seems to me would, after a time, benefit greatly by special lectures, but the preliminary teaching given by the Health Visitors and the Medical Officer at consultations is essentially the more important, preparing the way, as it does, for further teaching.

No information is available regarding the total number of consultations during the period 1921–22, but since 1922 there has been a steady increase as follows:—

Increase over previous year

Total nun	nber of cor	sultations	1923	 	3,569	•	
,,	,,	,,	1924	 	4,719		1,150
,,	.,	,,	1925	 	5,311		592

During 1925 the average number of consultations per session equalled 24·3, but the actual number may vary from 12 in inclement weather or holiday time to 44 on a busy afternoon. This means that the number seen per session is almost always far above the number which can be attended to efficiently, and thus good work is hampered. Extra sessions would be of great benefit, more especially if some of them were set aside for toddlers, sick babies, first babies, etc. On the training of the mother of a first baby depends the future health of the family. Good methods produce healthy children, brought up in healthy surroundings; bad methods of feeding and training produces the under-nourished defective C3 child, which is eventually a burden to the State. Under existing conditions, such work can only be done in a cursory manner, despite its importance. With more sessions and fewer numbers per session, more accommodation would be available for class work which is impossible at present.

### HEALTH VISITORS.

Four Health Visitors are engaged in connection with the Maternity and Child Welfare work.

	1.	2.	3.	4.	Total.
Visiting of Children:—					
First Visits •	327	451	448	395	1621
Subsequent Visits (under 1 yr.)	954	1120	1150	1120	4344
do. do. (over 1 yr.)	1719	2257	2104	2689	8769
Visits to Still Births	7	12	3	9	31
do. Ophth. Neonatorum cases	11	7	9	12	39
do. Ante-natal cases	112	128	54	134	428
do. Measles cases	1	20	2	36	59
do. Whooping Cough cases	10		1	12	23
do. Special cases			-		
Total visits	3141	3995	3771	4407	15314
Weekly average for each Health					
Visitor	74.7	85	83.8	93.7	-

The number of visits paid by the Health Visitors during 1925 shows a slight decrease as compared with 1924, this being chiefly due to the absence, through ill-health, of one of the Health Visitors, and some time elapsing before a Deputy Health Visitor was appointed to fill the vacancy.

Since 1922 the services of a fourth Health Visitor have been available, thus enabling the nurses to carry out more visits, but there is still more work to do than can possibly be done with efficiency by so small a staff.

Of 1,485 babies-

1,273 or 85.7 per cent. were breast fed at first visit.

164 or 11.47 per cent. were bottle fed at first visit.

48 or 3.2 per cent. were breast and bottle fed at first visit.

Of this number, particulars from birth up to three months were obtained in 1,167 cases, viz. :—

			At first visit.	At three months.
Breast fed			 1,011 or 86·6%	720 or 61·69%
Bottle fed			 118 or 10·11%	349 or 29·90%
Breast and	Bottle f	fed	 38 or 3·25%	52 or 4.62%

In 790 cases, out of a total of 1,485 concerning whom feeding inquiries were made, investigations were carried on to the age of six months. The data obtained is:—

	At Birth.	At 3 months.	At 6 months.
Breast fed	682 or 86·32%	489 or 61·89%	376 or 47·59%
Bottle fed	82 or 10·37%	239 or 30·25%	323 or 40·88%
Breast & Bottle fed	26 or 3·29%	34 or 4·30%	39 or 4.93%

From the above figures it is seen that there is always a steady proportion of babies bottle fed almost from birth, and that as the breast child grows older, its chance of breast feeding diminishes steadily, until at the age of six months more than 50 per cent. are bottle fed. The proportion of children who are fed on breast and bottle is small, and of those who are fed thus at birth very few are still having breast milk at the age of three months. In some cases the mother's health is so poor (in many cases due to poverty and insufficient food and rest) that breast feeding, when persisted in, endangers the child's health. In such cases, especially where lactation has been continued over a year, very definite rickets is found in the child. It is hoped that some experimental work may be carried out during 1926 regarding the influence of ultra-violet rays on lactation, and also in cases of malnutrition and rickets. Excellent results have been obtained from ultra-violet ray treatment in many Infant Welfare Departments, but careful selection of cases is absolutely essential,

### INFANTILE MORTALITY.

During 1925 127 infants died under the age of one year, the chief causes of death being—

Atrophy and Premature Birth—47, that is 36.7 per cent. of the total infant deaths.

Respiratory Diseases—29, that is 22.8 per cent. of total infant deaths.

Diarrhœa and Gastro-intestinal Diseases—14, that is 11·27 per cent of total infant deaths.

These 14 deaths were notified thus:—Diarrhœa 2, Enteritis 4, Gastroenteritis 7, Gastritis 1, and occurred as follows:—

1st Qua	arter	 • •	3	3rd Quarter	 1
2nd	,,	 	5	4th ,,	 5

Five of the 14 were breast fed, and in some cases very irregularly, the remainder having an artificial food, frequently containing starch or an excess of cane sugar.

Of the 127 deaths under one year, no less than 34 or 26.7 per cent. died under one week, and 49 or 38.1 per cent. under one month.

Of 34 dying under one week, the cause of death in 30 cases or 88·2 per cent. was atrophy and premature birth, and of 49 cases dying under one month, 38 or 77·5 per cent. died from atrophy and premature birth. That is atrophy and premature birth is chiefly responsible for the death of infants during the first month, and to combat this a great deal of ante-natal and research work must be done.

There were 13 deaths of illegitimate infants during the year, that is a percentage of 4.92 of the total infant deaths.

Mortality Rate equals 100 per 1,000 illegitimate births.

Of the total births in 1925, 7·25 per cent. were illegitimate. This is a distinctly higher figure, both as regards the birth rate and the mortality rate, than that of the previous year, as can be seen from the following table.

Year	Number of Legitimate Births	Number of Illegitimate Births	Percentage Illegitimate	Infant Mortality Rate—Illegitimate
1921	2,172	141	6.49	163-1
1922	2,003	121	6.04	123.9
1923	1,962	103	5.24	116.5
1924	1,845	104	5.63	86.5
1925	1,792	130	7.25	100.0

Apart from this very definite rise in percentage of illegitimate births, there has been a very definite drop in the birth rate, and an even more definite drop in the infant mortality rate. 1925 shews the lowest infant mortality rate yet recorded in Grimsby, but there is still room for great improvement.

Year	Birth Rate	Total Number of Deaths	Infant Mortality Rate	Percentage Atrophy and Premature Birth	Percentage Respiratory Disease	Percentage Diarrhoea and Gastro-intestinal Disease.
1921	26·39	222	102	33·78	18·01	16·6
1922	24·0	187	93	44·9	20·85	11·23
1923	23·17	153	77·9	51·6	23·5	11·7
1924	21·54	183	99	43·7	30·05	12·56
1925	20·64	127	70·87	36·7	22·8	11·2

From the above it will be seen that Atrophy and Premature Birth cause the greatest number of deaths, though there is a slight diminution in this figure. Diarrhœa and Gastro-intestinal Diseases still cause at least 11 per cent. of the total deaths, but of true epidemic diarrhœa there is practically no sign, the majority of deaths from Gastro-intestinal Disease being the result of disorders of nutrition. Such deaths are largely preventable, and many lives could be saved if institutional treatment were available for weakly, marasmic children and difficult feeding cases. In some cases, faulty feeding is largely the cause of gastro-intestinal disease, and better methods of feeding will do much to make such children healthy, but in other cases there is some serious fault in metabolism which is very difficult to treat and cure.

Overcrowding also has a considerable influence on the Infant Mortality Rate, and until better housing conditions are obtained, in some cases, there will be very little improvement, despite the active teaching of the Health Visitors.

The number of cases of Venereal Disease referred from Infant Welfare Centres for treatment was 13.

Total Number of Cases	Cured.	Improved.	No Change.	Dead C.S.	Died of other intercurrent Diseases.
13	4	9	_		

Three Home Helps were employed in connection with Maternity and Child Welfare work. One is permanently employed, being paid 25/- per week when in attendance on a case, and a retaining fee of 10/- per week when not working.

The other two are only called upon in case of necessity, when they are paid 25/per week.

The Home Helps assisted in 17 cases during the year, and the sum of £5 9s. 6d. was recovered from the patients. In many cases, owing to unemployment and distress, it has not been possible to obtain any payment at all towards the cost of the Home Help, and in others only a very small sum has been recovered.

### Dental Treatment.

Since May, 1925, the services of the School Dentist have been available for the dental treatment of nursing and expectant mothers and children under five years of age.

The following is the report of the School Dentist in this connection during the year:—

One Session per week is given by the School Dentist for treating the patients from the above Clinic, and the average number treated per session was 2.4.

35 adults were treated, including 4 nursing or expectant mothers who were also fitted with artificial dentures.

18 children under 5 years of age were also treated, principally by extraction of teeth owing to the presence of abscesses or other forms of oral sepsis.

	Teeth Extracted	Gas	Other General Anaesthetic	Local	Fillings	Scaling and Cleaning
Adults	176	36	0	1	3	5
Children	72	13	2	0	0	0

### HOSPITAL ACCOMMODATION.

Ample accommodation has been provided by this Authority for the isolation and treatment of infectious diseases.

The Isolation Hospital, situated about three miles from the town, in the parish of Scartho, provides for the admission ordinarily of Scarlet Fever, Diphtheria and Enteric Fever cases. As a result of various sanitary measures adopted in recent years the pavilion originally intended for the treatment of Enteric Fever, and at one time regularly occupied to its utmost capacity during the late summer and autumn months, is now rarely occupied except by an occasional case or two—ten altogether during 1925, including four cases from outside the Borough.

The available accommodation at the Scartho Isolation Hospital is as follows:

Scarlet Fever	 	 321	oeds.
Diphtheria	 	 12	,,
Enteric Fever	 	 6	,,
Observation Block	 	 14	

a total of 64 beds.

By arrangement with the neighbouring authorities cases are admitted from the Grimsby Rural District and the Urban District of Cleethorpes.

### Work of the Institution during the year.

A tabular statement is appended shewing cases admitted and discharged during the year of the different diseases under treatment.

On January 1st, 1925, there remained 23 cases in Hospital (Scarlet Fever 13, Diphtheria 6, Enteric Fever 1, Varicella 1, and Tuberculosis 2).

276 cases were admitted during the year, 234 patients were discharged convalescent, and 16 died, leaving under treatment on December 31st, 1925, 26 patients.

### Scarlet Fever.

During the past year 116 cases were admitted, and only one case proved fatal, representing a case fatality of .86.

Complications of the disease charted were as follows:-

							1
ary G	lands						1
							5
ils							5
							3
							5-
							1
							1
							1
luama	ting.						8
• •							3
							2
							1
	ary G	ary Glands Glands ils	ary Glands	ary Glands			

### Diphtheria.

The admissions of Diphtheria in 1925 numbered 110, and there were 7 deaths, equal to a case fatality of 6.36.

Two cases only required Tracheotomy.

### Complications of the disease charted were:-

Serum Rash	 	 		 1
Cardiac Weakness	 	 		 2
Enlarged Glands	 	 		 2
Enlarged Tonsils	 	 		 7
Tracheotomy	 	 		 2
Scarlet Fever	 	 		 1
Skin Disease	 	 		 4
Quinsy	 	 		 2
Bronchial Catarrh	 	 		 1
Bronchial Pneumonia	 	 		 1
Nephritis	 	 		 1
Paralysis	 	 	. •.	 5

### Enteric Fever.

Ten Enteric Fever patients came under treatment, two of which were doubtful cases of the disease. 9 of these recovered, and one died.

### Complications of the disease charted were:—

Phlebitis Absce	ess	 	 	 	1
Hæmorrhagic		 	 	 	1
Pyorrhœa		 	 	 	2
Abscesses		 	 	 	1

### Other Causes.

There were admissions of 38 other cases during the year, made up as follows:—

Cerebro-spina	l meni	ngitis	 				2
Encephalitis I	Lethar	gica	 				3
Erysipelas			 				2
Measles			 				8
Varicella			 				2
Bronchial Pne	eumoni	a	 	(Male i	nfant,	died)	1
Tuberculosis				`		· ·	22

### Items.

The highest number on any one day was 49 on December 23rd, 1925.

The lowest number on any one day was 12 on August 31st, 1925.

The total number of days spent by patients in Hospital was 8,375.

Scarlet Fever cases averaged 36 days each.

Diphtheria cases averaged 23.5 days each.

Enteric Fever cases averaged 41·1 days each.

### SCARTHO ISOLATION HOSPITAL.

Table of Admissions and Discharges for Year ending December 31st, 1925.

	Adm	ITTED.	Disch	ARGED.	Dı	ED
	Borough Cases	Outside Cases	Borough Cases	Outside Cases	Borough Cases	Outside Cases
Scarlet Fever	74	42	62	30	1	
Diphtheria	73	37	65	35	6	1
Enteric Fever	6	4	5	4	1	
Cerebro-Spinal Meningitis	2		1		1	
Encephalitis Lethargica.	1	2	1	2		
Erysipelas	1	1	1	1		
Measles	7	1	7	1		
Varicella	2		2			
Bronchial Pneumonia	1		_	_	1	
Tuberculosis	22	— .	17	-	5	1 -
	189	87	161	73	15	1
Total	2	76	2	34	1	6

### MENTAL DEFICIENCY.

During the year a careful survey has been made of the schools and in the homes with a view to ascertaining what number of feeble minded persons there are in the Borough.

A register of such cases has been compiled, and all the essential details noted.

This register shews that there are twenty-seven people who are *Institution* cases, *i.e.*, ineducable, and even in some cases untrainable, viz.:—

- 2 Moral Imbeciles
- 11 Imbeciles
- 14 Feeble Minded

Only 7 of these twenty-seven cases have so far been placed. In five of the cases guardianship might be found for them as an alternative to institutional treatment.

I expect the Institutional cases to amount to at least 50 cases when the process of ascertaining all cases is complete, and if those at present cared for by the Guardians are included.

In addition to the cases already mentioned there are twenty-seven more (all registered) who are no use whatever in an elementary school, and who require a special day school. After full ascertainment I expect this number to be forty. The difficulty in getting feeble minded persons away through lack of provision is a disastrous position to be in. The only solution is for each local authority to provide for its own cases, either alone or conjointly with other authorities. Unless the burden is borne now the State will have a greater expense to bear later on, as these cases multiply and degenerate.

### Summary of Mental and Physical Defectives from Records.

						MALES.	FEMALES.	TOTAL.
(a)	Mentally Defective					28	25	53
(b)	Physically Defective					30	41	71
(c)	Deaf					10	2	12
	Combinations of $(a)$ .	b), (c)				2	6	8
	School Age period (5	5–16) a	accordi	ng to	Menta	l or Phys	sical Defect.	
(A)	MENTALLY DEFICIE	NT.				MALES.	FEMALES	TOTAL.
	At School					13	13	26
	Not at School					11	12	25
(B)	PHYSICALLY DEFECT	TIVE.						
	At School					30	34	64
	Not at School					9	9	18
Me	ntally Defective new ca	ases ex	amine	d in 19	25 —			31
	,, ,, cases 6	exami	ned bu	t previ	ously	under obs	servation	21
Phy	sically Defective new	cases e	examin	ed in 1	1925			57
	,, ,, previ	iously	under	observ	ation			26
Me	ntally Defective cases	groupe	ed afte	r exan	ninatio	n in 1925	i :	
	Idiots		• •					
	Imbeciles					11		
	Feeble Mind	led				41		
	Moral Imbe	ciles				2		

Mentally deficient cases suitably placed by the Local Authority—7.

. .

Cases unsuitably placed privately—1.

Not classified

Approximate number of cases placed by the Guardians and not included in this report—27.

No. of Physical defectives needing a special class or school—35. This includes 11 cases of Heart Disease.

No. of physicial defectives requiring orthopædic treatment by a specialist—32.

No. of Cripples sent away for treatment—3.

No. of Deaf, Blind and Dumb children who have been sent away to Special Schools—13.

# MINISTRY OF HEALTH.

MEDICAL INSPECTION OF ALIENS.

# Port Sanitary District of GRIMSBY.

# ANNUAL RETURN FOR YEAR 1925.

1		
Transmigrants	Number subjected to Medical Examin- ation.†	98
Transm (	Total Number.	1093
ısit.	Number of Cer- tificates issued.	
Aliens in Transit.	Total subjected of Ger- Number to Medical tificates Examin- issued.	136
		136
intend to or remain for more hs.	Number Number subjected of Cero Medical tificates Examinisus extent	
liens who manently country is an 3 mont (3)	Total Number Number Number Subjected of Ger-Number, to Medical tificates Examinissued.	54
No. of Al settle per in this th	Total Number,	124
visitors, stay in	Number of Cer- tificates issued.	
emporary ns whose try will no months.	Number subjected to Medica Examin- ation.†	61
No. of ti.e. Alie this cour	Total Number,	596
Total No. of Aliens arriving at the Port including those in i.e. Aliens whose stay in grants, but extlet permanently or remain transit and transminitation of the form of of the fore of the form of	Number subjected Total to Medical Number, Inspection.*	1601
Total No. of Aliens arriving at the Port including those in transit and transmitransity but excluding Alien Seamen.	Total Number.	1949

<sup>\*</sup> The term "Inspection" relates to the preliminary inspection of aliens as they pass before the Medical Inspector.

<sup>†</sup> The term "Medical Examination" relates to detailed medical examination.

PARTICU	LARS RELATING TO DETAILED MEDICAL EXAMINATION OF ALIENS.
	ns, who were subjected to detailed medical examination, and were Certified by Medical Inspector
	aber of each of the following certificates issued by the Medical ector of Aliens:—
(a)	Certificate that an alien is a lunatic, idiot, or mentally deficient —
(b)	Certificate that, for medical reasons, it is undesirable that an alien should be permitted to land
(c)	Certificate that an Alien is suffering from some disease, defect, or deformity which may interfere with his capacity to support himself and his dependants
(d)	Certificate that an Alien is suffering from one of the acute infectious diseases
(e)	Certificate that for the purpose of an adequate medical examination it is necessary for the alien to land in order that he may be examined ashore
	IGRANTS.
(See Pa	ragraphs 2 and 3 of the Additional Instructions to Medical Inspectors issued by the Minister of Health in April, 1921).
	nber of certificates of the cleansing of verminous transmigrants ven by the Medical Inspector of Aliens to the Immigration Officer —
	om trachoma, favus, etc., given to the Immigration Officer —
PARTICU	JLARS RELATING TO ALIEN TRAFFIC.
th	al number of passenger vessels carrying Aliens which arrived during ne year
	al number of cargo vessels carrying alien passengers which arrived uring the year
	nber of cargo vessels dealt with by Medical Inspector of Aliens 11
	other vessels in connection with which the Medical Inspector has ad to take action in regard to Aliens. Give full particulars —

TABLE I.-M. of H. Vital Statistics of the whole Borough during 1925 and previous years.

-	-	1			_			_		_		_	_	_			-
TO	At all Ages.	Rate.	13	14.18	13.42	14.65	90.91	14.31	12.72	18.14	12.90	13.54	13.T	64.0I	12.76	86.0I	-
BELONGING STRICT.	At all	Number.	12	1054 1092 061	1030	1153	1159	1044	928	1323	1023	080	1000	914	roo3	954	1
NETT DEATHS BELONGING TO THE DISTRICT.	ear of Age.	Rate per 1,000 Nett Births.	11	131	II4	131	901	66	103	129	00	5,5	03	782	66	20.8	
NE	Under 1 Year of Age.	Number.	10	275 328 217	240	278	210	 681	158	202	143	222	187	153	183	127	
Transferable Deaths		of Residents not registered in the District.	6	72 <del>4 4</del> 4	55	49	99	48	72	82	50	<u>ዓ</u> ሊ	45	47	47	50	
TRANSFERA DEATHS		of Non- residents registered in the District.	œ	38 61 38	51	63	98	105 105	02	102	72	5. 5.	62	58	79	69	
TOTAL DEATHS REGISTERED IN THE	District.	Rate.	7	14'33 14'79 12'50	13.36	14.83	16.34	60.51	79.75	18.37	13.17	14 00	13.21	26.01	13.13	07.11	
TOTAL REGISTER	Dist	Number.	9	1065 1109 953	1035	2911	1179	IOII	921	1340	1045	080	1130	925	1125	973	
	Nett.	Rate.	7.0	28.08	27.17	26.93	27.38	25.94	50.80	26.12	22.34	26.30	24.00	23.17	21.54	20.64	
Вівтнѕ.	Ne	Number.	4	2086 2128 2076	2104	2119	1975	1892	1524	1003	1772	2173	2003	1962	1845	1792	
		Un- corrected Number.	က	:::	:	:	:	:	:	:	:	: :	:	:		:	
	Doninlation	estimated to Middle of each Year.	2	74,280 74,950 76,180	77,420	78,670	72,130	72,930	72,930	72,930	79,290	82,330	83,600	84,650	85,620	86,810	
		YEAR.	1	1910 1911 1912	1913	1914	1915	0161	1917	1910	1919	1921	1922	1923	1924	1925	

Total population at all ages ... 82,355 Number of inhabited houses 17,994

At Census of 1921

2,868

Area of District in acres (land and inland water)

Cases of Infectious Disease notified during the Year 1925. TABLE II.-M. of H.

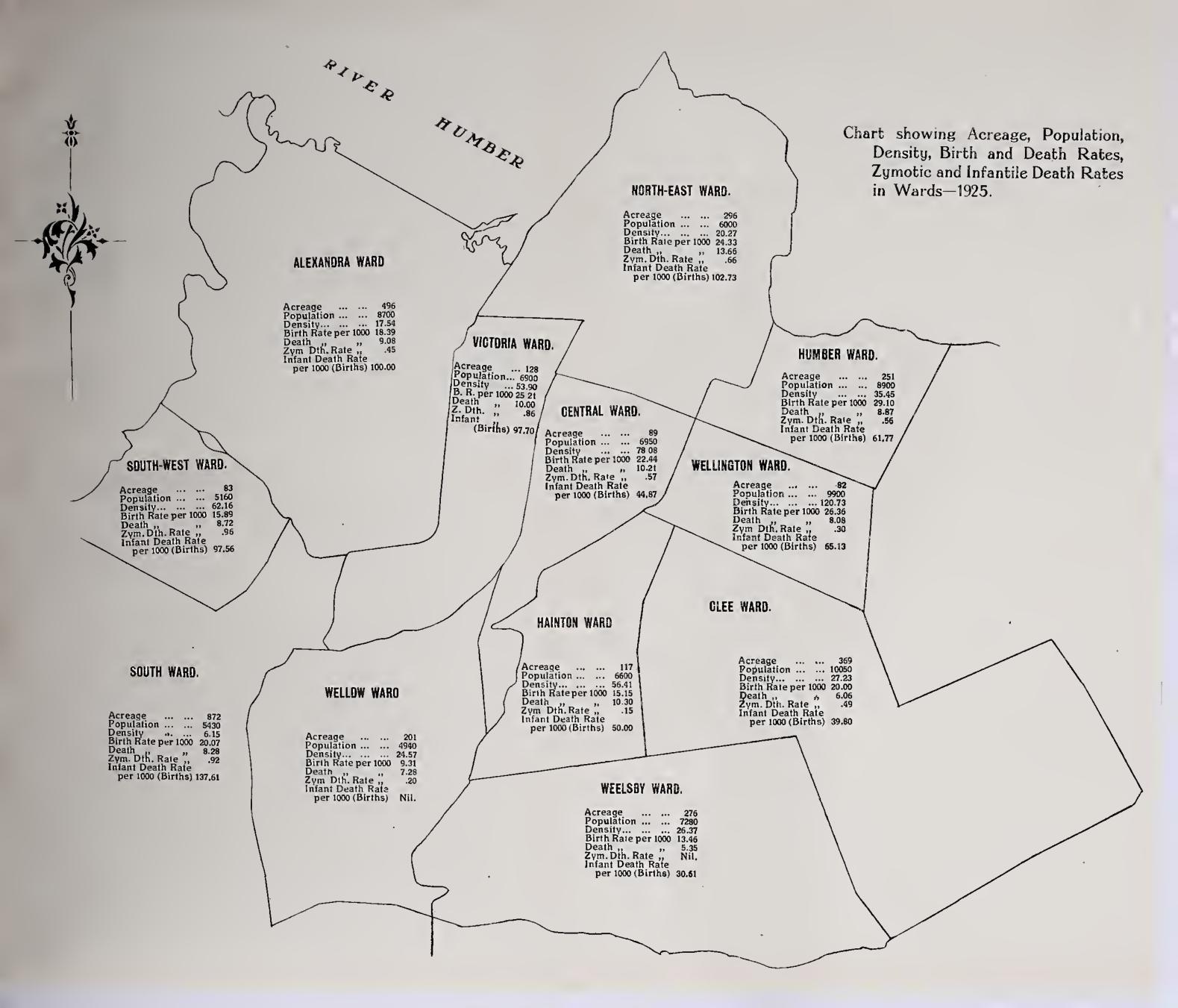
tal.	sses IdsoI	Total Carl Carl Carl Carl To I	10 1 1 1 1 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4	283
		South.	10   0   0   0   0   0   0   0   0	56
ugh.		South-West,	O 4   4         2 4	37
Borc		Victoria.	8412   1111 2 7	40
f the		Alexandra.	100 100 110 110 110 110 110 110 110 110	53
ard o		Hainton.	19010   1109 1	23
Total Cases notified in each Ward of the Borough.		Central.	N.C. H. U.       U. W. C.	34
n eac		Wellow.	1020011111V H	23
fied i		Weelsby.	911   1   1   1   8   1	38
s noti		North-East.	1 1 1 1 2 2	37
Case		Clee.	100 HHHHM 100 V	52
otal		Wellington.	13   13   15   15   15   15   15   15	51
L		Humber.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	69
		65 & upwards.	1 2       4 4	14
.pa		45 & under 65.	1   25, 2	41
notifi	ears	25 & under 45.	49 c 1   1   2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	66
ases 1	SS—I	15 & under 25.	1667	92
of C	At Ages—Years	St raban & &		160
Number of Cases notified.	A	I & under 5.		19
Nun		Under 1.		91
- 3		At all ages.	106 106 106 106 106 107 107 107 107 108	483
		Notifiable Diseases.	Small-pox Scarlet Fever Diphtheria Enteric Fever Pneumonia Puerperal Fever Cerebro-Spinal Fever Encephalitis Lethargica Ophthalmia Neonatorum Erysipelas Pulmonary Tuberculosis Other forms of Tuber- culosis	Totals

\* These are cases removed to Sanatoria.

† Includes 22 Observation cases.

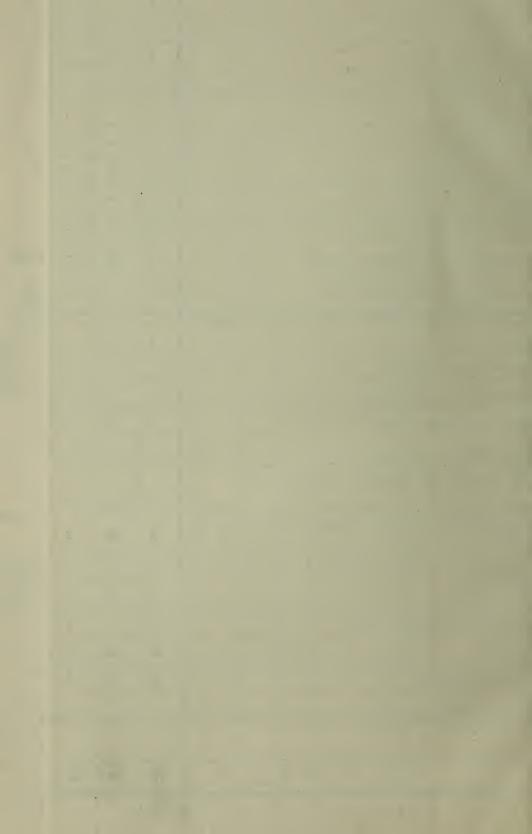
TABLE III.—M. of H. Causes of, and Ages at Death during Year 1925.

	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.													
		Hen D	occur	ring wi	thin or	withou	or "Re	esidents District	whe	ther				
Causes of Death.	All Ages.	Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and up- wards	Total Deaths whether of "Residents" or "Non- Residents" in Institutions in the				
r	2	3	4	5	6	7	8	9	10	District II				
ALL CAUSES Certified Uncertified	971	126 I	27	28	34	42	117	228	369	219				
Enteric Fever	I								I					
Small-pox	6	2	2	· ·	· · I				• •					
Scarlet Fever														
Whooping Cough Diphtheria	6 2	I	2	3 2	•••	••	• •	• • •	•••	••				
Influenza	1 15						3	3	8	··				
Encephalitis Lethargica	4			I	I		Ĭ	Ĭ		I				
Erysipelas					••	••	••	• •	••	••				
culosis) Tuberculous Meningitis	68	3	2	3	2 2	I 2 I	29	20	4	8 2				
Other Tuberculous Diseases	17	] ]	2	2	3	4	. ·	4		6				
Cancer, Malignant Disease	100				I		9	49	41	26				
Rheumatic Fever	1 4	• •			· · I	••	I	• •	•••	I				
Diseases of Brain	57		3		I	2	2	24	27	17				
Organic Heart Disease	IIO		I		5	2	13	38	51	13				
Bronchitis	88	6 20	8	2		• •	9	18	52	12 6				
Pneumonia (all other forms) Other Diseases of Respiratory	44 2 I	•••	I	3 2	2 I	2	5	5	9	2				
Organs	17	3				2	I	4	7	5				
Diarrhoea and Enteritis	12	IO		I					I	I				
Diseases of Digestive System	26 6	6 5				• • •	6	II	3	9 2				
Appendicitis & Peritonitis	7			2	2	3				7				
Cirrhosis of Liver & Alcoholism	5						I	4		I				
Nephritis and Bright's Disease Puerperal Sepsis	27		• •	• •	I	2	I 2	4	19	2 2				
Other Accidents and Diseases	2			. • •		•	2	• •	• •	2				
of Pregnancy & Parturition	.Io						10			3				
Congenital Debility and Mal- formation, including Prema-														
ture Birth	50	50								4				
Convulsions	IO	9	I	••	••					• •				
Violent Deaths excluding.	IÓ	••		••		I	3	4	2	2				
Suicide	33	3		3	2	7	4	8	6	19				
Senile Decay	85								85	36				
Other Defined Diseases Diseases ill-defined or unknown	114	8	3	2	8	4	15	27 2	47 I	29 2				
	973	127	27	28	34	42	118	228	369	219				





Annual Report, 1925.		LOCALITIES.										AGES.														
CAUSES OF DEATH.	Humber Ward	Wellington Ward	Clee Ward	North-East Ward	Weelsby	Wellow Ward	Central Ward	Hainton Ward	Alexandra Ward	Victoria Ward	South-West Ward	South Ward	General Dist. Hospital	Poor Law Infirmary	Total at all Ages	Under 1 Year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Deaths occurring within but not belonging to the District.	Inquest Cases.	
Enteric Fever						1									1								1			
Measles	1	2		1				1			1				6	2	2	1	1							
Scarlet Fever																										
Whooping Cough		1	2	1			1					2			6	1	2	. 3								
Diphtheria and Membranous Croup							2								2			2								
Influenza	2		2	1			1		2	3	2	1	1		15				1		3	3	8	1		
Erysipelas															<u> </u>											
Diarrhœa and Enteritis	2		1	1					2	2	2	1		1	12	10		1					1	1		
				. 1						1		1	1		4			1	1		1	1				
Encephalitis Lethargica	7	7	9	7	1	3	5	4	6	4	6	1		8	68			i	2	12	29	20	4			
Tuberculous Meningitis	1	1	2	1	-	1			J	1	1	1		2	11	3	2	3	2	1	20	20	4			
	1	1	1	-		-			0			-	0			1				-	1			2		
Other Tuberculous Diseases	7	1	1	2	.,	1	3	10	2	1	e		2	01	17	1	2	2	3	4	0	4	47			
Cancer, Malignant Disease	7	5	4	8	3	7	8	12	11	1	6	7	5	21	100				1		9	49	41	6		
Rheumatic Fever									,					1	1					-	1			1		
Meningitis			1	1			1		1						4	<u> </u>	3		1		-					
Diseases of Brain	3	4	1	8	5	1	1	4	7	4	5	2	1	16	57		1		1	2	2	24	27	3	1	
Organic Heart Disease	13	13	7	10	5	9	7	6	6	11	5	5		13	110		l		5	2	18	38	51	8	15	
Bronchitis	10	14	8	8	1	3	13	ŏ	7	5	2		1	11	88	6	1	2			9	18	52	4	1	
Broncho-Pneumonia	8	2	1	4	1		8	1	7	8	1	2	1	ō	44	20	8	3	2		1	1	9	3	1	
Pneumonia (all other forms)	1	3	2	3			2		2	2	1	3		2	21		1	2	1	2	5	5	5	1		
Other Diseases of Respiratory Organs	1			3	2	2	1		1	1		1	1	4	17	3				2	1	4	7	1	3	
Diseases of Digestive System	1		1	1	1		3	5	1			4	8	1	26	6					6	11	3	6	2	
Syphilis	2	1								1				2	6	5						1		1		
Appendicitis and Peritonitis													7		7			2	2	3				2		
Cirrhosis of Liver and Alcoholism					1			1	1	1				1	5						1	4				
Nephritis and Bright's Disease	1	2	1	5	3	2	2	3	2	1		3		2	27				1	2	1	4	19		1	
Puerperal Sepsis														2	2						2					
Other Accidents and Diseases of Pregnancy and Parturition			1	1	1	1	2			1			3		10		t				10			2	1	
Congenital Debility and Malformation, including Premature Birth	3	10	6	4	2		2	1	5	6	4	3		4	50	50								2	1	
Convulsions		1	1	2				1	2	3					10	9	1								2	
Suicide		1	1	1	4					1			1	1	10					1	3	4	2		9	
Violent Deaths, excluding Suicide	1		1	8					2	1	1		17	2	3 <b>3</b>	3		3	2	7	4	8	6	9	33	
Senile Decay	4	7	. 2	3	3	1	7	9	8	2	1	2		36	85								85	9		
Other Defined Diseases	10	5	6	8	6	4	6	14	4	9	7	6	14	15	114	8	3	2	8	4	15	27	47	6	6	
Diseases ill-defined or unknown							1	1						2	4						1	2	1	1		
Total	79	80	61	82	39	36.	71	68	79	69	45	45	68	156	973	127	27	28	34	42	118	228	369	69	76	
						Deaths	occurri	ng in t	he Corp	oration	Isolati	on Hos	pital a	t Scart	ho are n	ot includ	ed above	but are	sbewn	in the	Hospit	al Repo	ort.			



### GRIMSBY BOROUGH.

### TABLE IV.—M. of H. Infant Mortality during the year 1925. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.		₩ Under 1 week.	ω 1-2 weeks.	4 2-3 weeks.	9-4 weeks.	Total under 4 weeks.	2 1-3 Months.	∞ 3-6 Months.	o 6-9 Months.	o 9-12 Months.	Total Deaths
ALL CAUSES { Certified Uncertified	• •	34	5	6	4	49	26 1	21	18	12	126 1
Small-pox Chicken-pox Measles Scarlet Fever Whooping Cough Diphtheria and Croup. Erysipelas Tuberculous Meningitis Abdominal Tuberculosis Other Tuberculous Diseases Meningitis (not Tuberculous) Convulsions Laryngitis Bronchitis Pneumonia (all forms) Diarrhœa Enteritis Gastro-Enteritis Gastritis Syphilis. Rickets Suffocation, Overlying Injury at Birth Atelectasis Congenital Malformations Premature Birth Atrophy, Debility and Marasi Other Causes	muss			· · · · · · · · · · · · · · · · · · ·			3 1 2 4  3  1 		1	2 1 1 1 2 1 1 1 1 1 1 2 1	2  1  3  1  9 2 6 20 2 4 7 1 5  1  2 8 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
Totals		34	5	6	4	49	27	21	18	12	127

Nett Births in the year  $\left\{\begin{array}{c} \text{Legitimate} \ldots 1,662 \\ \text{Illegitimate} \end{array}\right\}$  1,792 Nett Deaths in the year  $\left\{\begin{array}{c} \text{Legitimate Infants} \\ \text{Illegitimate Infants} \end{array}\right\}$  127



### PART I .- SHIPPING.

### FORM A.

# AMOUNT OF SHIPPING ENTERING THE PORT SANITARY DISTRICT DURING THE YEAR 1925.

ъ.				Number 1	Inspected.	Numbers	Number	
Description of Vessels.		Number.	Tonnage.	By the Medical Officer of Health.	By the Inspector of Nuisances.	reported to be defective.	of orders issued.	
Foreign—	Steamers	*2482	*729,164	99	892	27	25	
	Motor .	644	9,664	Nil	98	2	2	
	Sailing .	10	1,411	3	6	_	*	
	Fishing .	No record kept	No record kept	15	183	10	10	
Total Foreign		3136	740,239	117	1179	39	37	
		1						
Coastwise—	Steamers .	*184	*35,594	7	404	5	5	
	Motor .	. 24	1,721	1	15	_	_	
	Sailing .		1,913	1	85	_		
	Fishing .	No record kept	No record kept		1530	89	83	
Total Coasty	wise	234	39,228	9	2034	94	88	
Canal Boats			-	_	95	39	26	
Total Foreign & Coastwise		3370	779,467	126	3308	172	151	

<sup>\*</sup> As per Customs returns. Excludes Vessels under 100 Tons Register.

# FORM B. RATS DESTROYED IN 1925.

Number of	Jan.	Feb.	Mch.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total in y'r.
Black Rats Brown Rats Rats examined Rats infected with plague ,, not infected	56 678 	60 735	71 765 	84 805 	53 807 	52 815 2 	43 817 	53 616	64 847 	76 631	5 I 702 	46 660  Total	709 8,878 

### PRECAUTIONS AGAINST PLAGUE.

### FORM C.

Particulars relating to Vessels "infected" or "suspected" or from infected Ports.—Nil.

### FORM D.

Vessels (other than those dealt with in Form C) subject to measures of Rat Destruction.

Number of Vessels fumigated by SO.2.	Number of Rats killed.	Number of Vessels fumigated by HCN.	Number of Rats killed.	Number of Vessels on which trap- ping, poison- ing, etc. were employed.	Number of Rats killed.	Number of Fumigation Certificates issued on Form "Port" 10.	Number of other Certificates issued.	Re-
1	2	3	4	5	6	7	8	9
15	547	Nil	Nil	86	2435	Nil	Nil	Nil

### ROUTINE INSPECTION OF VESSELS ARRIVING AT THE PORT.

RUUTINE INSP	ECTION OF VESSELS A	IKKIVINU	JAI	THE	PUKI.	
Foreign :—	British Steam Ships					 451
	" Sailing "	• •		. •		 5
	" Motor Vessels					 0
	Foreign Steam Ships					 441
	" Sailing "					 1
	,, Motor Vessels					 98
	Steam Fishing Vessels					 183
		Total				 1179
Coastwise:—	British Steam Ships					 355
	" Sailing "					 82
	" Motor Vessels					 14
	Foreign Steam Ships					 49
	" Sailing "			••		 3
	,, Motor Vessels					 1
	Steam Fishing Vessels					 1530
	Canal Boats					 95
		Total				 2129

Coastwise:—	Foreign Coastwise		• •	• •					11 <b>7</b> 9 2129
	Coastwise	• •	• •	• •	• •	• •	• •	• •	2129
			To	otal	• •	• •	• •	• •	3308
Extra Inspections	s								765
The Nationalities		sels we	re as fol	llows :-					
British								2711	
Danish								217	
Swedish								143	
French								86	
German								31	
Norwegi	an							62	
Dutch								21	
Icelandi		• •	••		• •			12	
Belgian	••		••					9	
Esthonia			• •					4	
Russian								4	
Latvian	• •	••						1	
Finnish			• •		• •	•	••	1	
Polish	•		••		• •	• •	• •	2	
Memel.			• •	••	• •	• •	• •	1	
Greek .				••	• •	• •	• •	1	
Dantzig		• •	• •	• •	• •	• •	• •	2	
Dantzig	• •	• •	• •	• •	• •	• •	• •	4	
						7	otal	3308	
PASSENGERS.									
Number of I	assengers e	enterin	g and le	eaving	the Po	ort durii	ng the	e vear.	
			British			Ali	_	, , , , , , , , , , , , , , , , , , , ,	
Inward			0110				233		
Outward		i i	0400				39		
3 3 3 7 3 3	. , , , , ,	·							
INSPECTION OF									
3,308 Vessel									
defects and nuisa	ances were	dealt '	with :—	,		Nuis	ances.		
Steamships		•			51		76	Î	127
Fishing Vess	els	•			71	10	87	12	258
Canal Boats	••			3	39		-		39
Total	• • • • • •			26	31	11	63	14	124

### STRUCTURAL DEFECTS.

						Cases.	Remedied.
decks						77	71
						15	11
						10	8
ation						23	23
ing water	tanks					15	15
ghts						6	2
ghts						10	7
hts						4	1
						20	21
						1	1
sses						39	6
						2	1
	Total					222	167
	ation ng water ghts ghts hts ssees	ation ng water tanks ghts hts sses	ation	ation	ation	ation	decks <td< td=""></td<>

### DIRTY FORECASTLES.

The forecastles or deckhouses on 109 vessels were found in a dirty condition. Orders were given for the cleansing of the same, and in each case they were either cleansed, painted, or limewashed.

### DIRTY FOOD AND OTHER LOCKERS.

On 299 vessels the food or other lockers in the crew's accommodation were found in a dirty condition.

Informal notice was served to those in charge of the vessels to clean the lockers, on re-inspection this was found to have been done.

### DIRTY WATER CASKS AND TANKS.

On 7 vessels the fresh water tanks or casks were found to be in an insanitary condition. Orders were given to those in charge to have the tanks cleansed and cement washed, and further visits were made to see that the orders were carried out.

### DIRTY BEDDING.

On inspection 35 beds were found in a filthy condition, orders were given for the cleansing of the same, or the provision of new beds, in all cases these were destroyed. In addition there were 184 beds in such a condition as to require cleansing. The Masters of the vessels concerned were written to and requested to cause the same to be cleansed; in nearly all cases this was done. A total of 219 beds were dealt with.

### CHOKED AND DIRTY WATER CLOSETS.

On 69 vessels the deck or cabin w.c.'s were found in a dirty or choked condition. Orders were given for the cleansing and disinfection of the same.

This in all cases on re-inspection was found to have been carried out.

### DIRTY GALLEYS.

On 20 vessels the ships galleys were found in a dirty condition, together with the cooking utensils. On notice from your Inspector to the Masters of the vessels, the matter was at once remedied.

### FOUL AND DIRTY FOREPEAKS.

On 2 vessels the forepeaks situate under the Crew's forecastles were found to be in a foul and dirty condition, causing a nuisance to exist. Orders were given for the cleansing and disinfection of the same; in both cases this was done.

### WATER BOATS.

The Water Boats used for the supplying of drinking water to the vessels in the Dock are regularly inspected, and have at all times been found clean and in a sanitary condition.

### SMOKE NUISANCES.

Vessels lying in the Docks have been watched, and where necessary those in charge of fires on board steamers have been cautioned and requested to be careful when firing up, so as to avoid creating a nuisance from black smoke.

### VERMINOUS VESSELS.

35 vessels were found to be in a verminous condition, the Owners or Masters of these were notified either by letter or verbally to cleanse and disinfect. These orders were on all occasions carried out, the vessels being cleared of vermin and the bedding destroyed in the ships furnaces. This is rather a serious increase, for which I am at the moment unable to account. More drastic steps are now being taken with the aid of a new preparation; if this does what is claimed for it, I think we shall soon get the upper hand of the vermin.

# CASES OF SICKNESS OCCURRING ON BOARD VESSELS DURING THE YEAR 1925.

24 cases of sickness were reported on 22 vessels during the year, three of which proved to be of an infectious nature.

	Diseas	se.		100			No.	of cases.	Deaths.
Appendicitis	s							1	_
Apoplexy								1	
Crushed Foo	ot							1	
Chill			• •					1	
Erysipelas								1	
Gastric Cata	ırrh	• •	••	• •	• •			1	
Gastritis		•• ,	• •					2	
Insanity		• •	• •	• •				1	
Influenza		• •	• •	• •				3	
Jaundice		• •		• •	• •			1	
Malaria (afte	er effec	ts)	• •	• •	• •	• •		2	
Measles		• •		• •				1	
Pleurisy		• •	• •	• •				1	
Premature I	Birth (I	Female	Alien)	• •				1	
Suicide	• •	• •	• •					1	1
Scalds	• •	• •	• •	• •				1	
Sudden Dea	•	pture (	of the A	orta)				1	1
Typhoid Fe	ver		• •	• •				1	
Venereal Dis	sease	• •	• •					2	-
			Total	• •	• •			24	2

### CANAL BOATS ACT.

The following is the report of the Official Inspector (Mr. F. Stokes) under the Act.

Under the above Act 95 inspections were made. No infectious disease occurred on any of the Canal Boats during the year.

Legal proceedings taken in respect of infringements:—None.

Infringements of the Act dealt with were as follows:-

8					
Boats unregistered			 	 	1
Certificates not identifying Ow	vners with	n boats	 	 	1
Masters without certificates			 	 	7
Boats not properly marked			 	 	9
Cabins not in a cleanly conditi	on		 	 	7
,, require painting			 	 	4
,, out of repair			 	 	9
Without proper water vessels				 	1
1 1				-	
	Total		 	 	39

26 letters and informal notices were served on the Owners or Masters during the year,

### IMPORTED FOODSTUFFS.

The following is a list of Meat, etc., landed by vessels entering the Port during the year:—

Butter				 	 438,824 casks.
Bacon (4 sic	des to a	a bale)		 	 250,908 bales.
Eggs				 	 88,207 cases.
Casks and F	Packag	es of Of	fal	 ••	 22,701
Calves				 	 16,030 carcases,
Pigs				 	 989 ,,
Sheep				 	 316 ,,
Beef				 	 137 sides.

I have only given the above as the main items, as space does not allow me to show the large quantities of fruit and other foodstuffs that arrive.

### UNSOUND FOOD AND FOREIGN MEAT REGULATIONS.

Quantities and descriptions of food seized or forfeited or unsaleable and sent to the Meal Works for destruction, for the year ending 31st December, 1925.

Nature of		We	ight		Why	Whether	
Article	Tons	Cwts.	Qrs.	Sts.	Condemned	Seized or Forfeited	How Disposed of.
FISH.							
Haddocks	321	9	3	0	Decomposed	Forfeited	Sent to the Meal Works
Codling	193	4	0	0	,,	,,	, ,,
Catfish	91	14	2	1	,,	,,	,,
Dabs	28	9	0	0	<b>`</b> ,,	,,	,,
Plaice	27	3	2	1	,,	,,	,,
Whiting	54	8	1	1	,,	,,	,,
Roker	2	18	3	0	,,	,,	,,
Bream	11	13	3	0	,,	,,	,,
Coalfish	3	6	0	0	,,	,,	,,
Halibut	1	16	2	0	,,	,,	,,
Mackerel	2	3	2	0	,,	,,	,,
Witches	1	5	1	1	,,	,,	,,
Lemon Soles	1	2	3	1	,,	,,	,,
Cod	2	9	1	0	,,	,,	,,
Herrings		11	3	0	,,	,,	,,
Tusks	1-	8	1	0	,,	,,	,,
Monk Fish	-	6	1	0	,,	,,	,,
Salt Codfish		7	1	0	. ,,	,,	,,
Bloaters		5	2	1	,,	,,	,,
Skate		2	1	0	,,	,,	,,
Ling	-	1	0	0	,,	,,	,,
Pickled		1					
Haddocks	-	9	1	1	,,	,,	,,

Nature of Article	e	Amount	Why Condemned	Whether Seized or Forfeited	How Disposed of.
EX-RAIL.					
Fish.					
Roker		460 stns.	Decomposed	Forfeited	Sent to Manure Works
Mackerel		242 ,,	,,	,,	,,
Dabs		100 ,,	,,	,,	,,
Herrings		36 ,,	,,	,,	,,
Mixed Fish		20 ,,	,,	,,	,,
Shrimps		6 boxes	Heated	,,	,,
Prawns		2 cases	Decomposed	,,	,,
Lobsters		64 No.	,,	, ,	,,
Меат.					
Horse Flesh	• •	4 tons	,,	Seized	Destroyed by an Order of a Justice of the Peace. Sent to the Corporation
					Destructor.
EX-STEAMSH	IP			1	
MEAT.					
Pigs Feet		2 cases	Decomposed	Forfeited	Sent to Corporation Des-
Eggs		5 ,,	,,	,,	tructor.
-66-		,,,	"	,,	
OTHER FOODS					
Yeast		122 bags	Fermented	,,	,,
Potatoes		1 bag	Unsound	,,	,,
Fish.					
Smelts		335 boxes	Decomposed	,,	Sent to Manure Works
Bream		200 lbs.	,,	,,	,,
Shrimps		4 bkts.	Heated	,,	,,
Plaice		54 stns.	Decomposed	,,	,,

Nature of Article	Amount	Why Condemned	Whether Seized or Forfeited.	How Disposed of.
FRUIT				
Black Currants	9 pkgs.	Unsound	Forfeited	To Corporation Destructor
Strawberries	480 ,,	,,	,,	,,
Bilberries	102 ,,	,,	,,	,,
Plums	268 ,,	,,	,,	,,
EX-BUTTER				
WAREHOUSE.				
Boiled Beef	36 tins	Decomposed	Forfeited	,,
Lunch Tongues	8 ,,	,,	,,	,,
				-
EX-TRAWLER				
STORE.				
Bacon	5 shoulders	,,	,,	,,

### Condemned by an Order of a Justice of the Peace.

Fish. Salt Codfish Salt Coal Fish		Decomposed and contam-	Seized	To Manure Works.
		inated with	"	"
		bilge water		
MEAT.				
Pig Carcases	7 in No.	Tubercular	,,	To Corporation Destructor
Calf Carcase	1 ,,	Decomposed	,,	"
Beasts Tripe	20 casks	,,	,,	,,
Calves Plucks	3 sets	,,	,,	,,
Bacon	1 bale	Contamin-	,,	,,
		ated with		
		Dock water		
		and sewage		
FRUIT.				
Dates (boxed)	2 cases	Mouldy and	,,	"
,		fermenting		

Statement showing the Quantity of Wet Fish and Shell Fish landed at Grimsby during each of the Years 1916-1925.

# QUANTITY.

	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.
Wet Fish	cwts. 1,384,997	cwts. 1,229,502	cwts. 1,317,544	cwts. 2,641,635	cwts. 3,605,030	cwts. 2,766,667	cwts. 3,264,464	cwts. 2,843,970	cwts. 3,206,956	ewts. 3,556,722
Shell Fish:— Grabs and Lobsters	4		þje F	Number. 300,000 Cwts.	Number. 300,005 Cwts.	Number. 148,610 Cwts.	Number. 96,680 Cwts.	Number. 116,220 Cwts.	Number. 121,404 Cwts.	Number. 151,705 Cwts.
Oysters	oN gligve	toN aliava	ioN aliava	*01.0	Number. 400	Number. 2,700	Number.	Number.	Number —	Number.

## VALUE.

-	4 1925	2,619,993 3,470,824 5,632,832 6,789,933 7,054,044 5,337,987 4,701,225 4,483,311 4,830,517 4,867,155	1,449 2,327	2,931 1,244	2	Total Value2,625,322 3,480,289 5,640,641 6,805,522 7,063,291 5,343,884 4,706,084 4,486,365 4,834,897 4,870,728
	3 1924	,11 4,830,8			2	365 4,834,
	1922 . 1923	£ 25 4,483,3	1,808	1,244		34 4,486,3
	1922	£ 37 4,701,2	2,082	2,777	-	4 4,706,08
	1921	£ 4 5,337,98	3,397	2,491	G.	5,343,88
	1920	£ 7,054,04	5,765	3,482	1	7,063,291
	1919	£ 6,789,933	6,747	8,842	1	6,805,522
	1917 1918	£ 5,632,832		7,809	1	5,640,641
		£ 3,470,824	Not available	9,465	1	3,480,289
	1916	£ .2,619,993		5,329	1	. 2,625,322
			nd Lobster	Other Shell Fish	Oysters	•
-		Wet Fish .	Shell Fish:— Crabs and Lobsters	Other S	Oysters	Total Value

Per Board of Agriculture and Fisheries (Statistical Branch).

### PART II.

### DISTRICT.

1307 visits and re-visits have been made *re* nuisances and defects during the year, and the following causes of complaint were dealt with:—

	Ť,						0
Provision of w.c.'s with drains	_					• •	2
Downspouts disconnected from		n and no	ew gull	ly fixed	for sai	ne	1
Sanitary gully replacing cessp		• •	• •	• •	• •	• •	1
New covers to inspection char	nbers	• •	• •	• •		• •	4
Defective vent shaft repaired	• •	• •	• •	• •	• •		3
Choked downspouts cleared	• •	• •	• •				17
Broken downspouts repaired						• •	32
Foul w.c.'s cleansed							9
W.c. pans repaired							4
W.c. flush tank repaired							9
New pans for w.c.'s provided							3
Ball tap to w.c. repaired							1
Foul urinals cleansed							- 5
Defective roofs repaired							7
Defective floors repaired							3
Floors concreted							2
Choked gullies cleared							40
Gullies repaired							3
Broken soilpipes repaired							10
Choked eavespouts cleared							12
Eavespouts repaired							13
Choked drains cleared							44
Defective drains relaid							7
Waste pipe repaired							1
Outer yards relaid	• •						4
Outer yards cleansed			• •				3
New gullies fixed							4
Dilapidated stairway repaired							1
Dirty stores cleansed		• • •		• •			8
Dirty offices cleansed		• • •		• •			8
Foul Manure bins cleansed		• •	••				2
Railway sidings cleansed		• •	• •	• •			3
Railway Fish Vans cleansed	• •	• •	• •	• •	-	• •	3
Tall way I ish vans cleansed	••	••	• •	• •	• •	• •	
	,	Totals					269
		Lotais	• •	• •	• •	• •	200

186 letters and informal notices were served on the Owners or Occupiers during the year.

### ACCUMULATIONS OF OFFENSIVE REFUSE REMOVED.

158 deposits of rubbish were dealt with during the year; the Railway Company always clear the above away when requested.

### FISH MARKET.

The following nuisances and defects were dealt with during the year:—

Fish	Merchant	s stands cleansed			 	 151
,,	,,	racks provided			 	 34
,,	,,	new ice bins provided			 •••	 10
,,	,,	dilapidated ice bins de	estroy	red	 	 2
,,		ice bins relained			 	 12
,,	,,	ice bins cleansed			 	 2
,,	,,	foul offices cleansed			 	 2
,,	,,	kit lofts cleansed			 	 3
Foul	Railway	Fish Vans cleansed			 	 2

A large number of dirty offal barrels were cleansed, and filthy fish boxes destroyed.

### WORKSHOPS.

1,068 visits and re-visits were made during the year, and the following defects and nuisances dealt with:—

	Defects.	Nuisances 23
FISH CURING HOUSES.		
332 Inspections	. 28	44
FISH CLEARING HOUSES.		
173 Inspections	. 10	25
PUBLIC CONVENIENCES.	14	20

### OFFAL WHARVES.

60 Inspections.

These are kept under regular inspection during the year, at times cause of complaint has existed, due mostly to stale fish offal being brought from the fish-houses, and when emptied into the tanks gives out a very bad smell. I have requested those in charge of these Wharves to take great care when dealing with this class of stuff, so that no nuisance is caused.

One cause of a nuisance is the leaking of the doors to the tank trucks, used for conveying the offal from the wharf, to the works at Killingholme. I have interviewed the Manager with regard to this; he promised to have all the trucks put in order. This was done, but great care must be taken with these doors, or a nuisance will be created over the whole stretch of line over which they travel. I may say that at all times they have done all possible to minimise the nuisance.

### YACHT POND.

The Yacht Pond situated on the north side of the Alexandra Dock has been regularly inspected, at no time during the year has it been found necessary to complain. The rubbish deposited there is now kept clear of fish or offal, or any matter likely to cause a nuisance, only dry rubbish such as wood, bagging, ashes, etc., is deposited there; this is burnt on the pond side.

### OFFAL BARRELS.

Several times during the year I have had to complain of the dirty and sometimes foul condition of these barrels, where such causes existed. I have written to the Owners of the barrels, calling their attention to the Bye-Laws, which require utensils to be kept in a cleanly condition.

I am pleased to state that as the result of my complaints there has been a decided improvement.

### SANITARY CONVENIENCES ON THE DOCKS.

The public urinals and water closet accommodation on the Docks are kept in good condition, where a possible improvement can be effected the officials of the Railway Company generally try to help me, and carry out any reasonable suggestion. A few box privies still exist (about 10); these, I am afraid, it is impossible to replace by water carriage, due to their position on the Dock, no drain exists in some cases for at least a mile, in others, the shortest distance is about 500 yards, the boxes are all kept in good condition, and no nuisance exists from their presence.

### REBUILDING OF THE FISH MARKET.

The last portion of the Fish Market to be rebuilt is proceeding slowly. I am hoping when it is finished to persuade the Railway Company to carry the making of an impervious flooring further along, this is, from the "Swing Bridge" to the "Jetties." This part of the Market has a wooden floor, a most unsuitable material, due to its absorbent nature. Fish laid out on this cannot fail to become contaminated in some degree.

### LIVER BARRELS.

The practice of landing offensive liver barrels on the Fish Market still continues, and often, especially during the summer months, these barrels burst, causing a most offensive odour to hang about the Market for the whole of the day.

This is a matter that I have been trying to get altered for many years. I have a promise from the late Portmaster that better arrangements for the landing of these offensive barrels shall be made when the new Fish Dock is built. This, I am afraid, will be some time, meanwhile the nuisance continues.

### FISH MEAL WORKS.

The only establishment of this kind in my District is situated in Riby Street. Generally speaking this factory is well conducted, 7 complaints were received during the year, none of which proved to be of a serious nature. Strict supervision is continually carried out, any defect in the machinery or working of the plant is immediately rectified when the attention of those in charge is drawn to the matter.

### RATS AND MICE (DESTRUCTION) ACT, 1919.

930 visits and re-visits have been made under the above Act during the year, strict attention has been paid to all vessels and buildings under the jurisdiction of the Port Sanitary Authority.

One whole time rat catcher is employed by the London and North Eastern Railway Company. I have the privilege of sending him to any part of the Dock area, or on board any vessel under the control of the Railway Company, where I find evidence of rats or rat harbours.

A large amount of work has been done both on shore and on vessels with regard to the removal of harbours and in filling rat runs with concrete, and plating the bottom of doors, or any place where a rat is likely to enter, a number of wooden floors have been taken up and replaced with concrete, the number of harbours dealt with were 36.

The results of these efforts have been gratifying, although the number of rats caught have been above that of the previous year, all harbours are carefully recorded, and any place where it is impossible to prevent harbourage is kept under observation and periodically dealt with.

It has not been found necessary to serve a formal notice on the owner or occupier of any premises. I find that after the matter has been carefully explained to them, they are generally anxious to assist in the destruction of these pests.

The following are the details of rats caught, both on ships and on the Dock area during the year:—

On Steamships ... 1422 On Trawlers .. 1681
In Warehouses, Buildings, and on the Pontoon 6484
Total. .. 9587 Previous Year .. 9079

The distribution for the months is as follows:—

	Jan.	Feb.	Mch.	Apl.	May	June	J'ly.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
On Steamships	109	121	107	204	189	188	114	130	228	17		15	1422
On Trawlers	171	303	216	158	199	153	89	43	141	45	89	74	1681
In Warehouses, buildings and on the pontoon	454	371	513	527	472	526	657	496	542	645	664	617 Total	6484 9587

### Rats examined for Plague or other diseases.

Two Rats were forwarded to the Public Analyst, Hull, for bacteriological examination. The Certificates of analysis are as follows:—

One brown rat caught on the S.S. "Bury" from Hamburg 18/6/25. This was a Mus Decumanus Male. The Liver, Spleen, and Lymphatic Glands were normal, no B. Pestis detected. A few putrefaction organisms were present, but did not interfere with the examination.

One brown rat caught in No. 12 Warehouse, Royal Dock, Grimsby, 19/6/25. This was a Mus Rattus Female. The Liver, Spleen, and Lymphatic Glands were normal. No B. Pestis detected. This rat was apparently healthy at death.

A number of letters and informal notices were served on the Masters of vessels or the occupiers of premises during the year, in addition to a large number of verbal notices.

Very strict attention is paid to all foodstuffs arriving at this Port, any found that is unfit for human food, due either to decomposition or disease, is dealt with according to law.

As will be seen by the report, a large number of improvements have been carried out, far too numerous to specify, and a large number of nuisances abated.

The nature of the staple trade of the Port, viz., Fish, is such that one may say that nuisances are of a recurring nature, and require constant supervision to deal with them. I have already in my report spoke of the condition of the flooring of the Fish Market, from the Swing Bridge to the Jetties. I think the time is now present when I shall have to ask the London and N.E. Railway Company to lay an impervious floor to the portion mentioned, wood as a flooring is pervious and absorbs all foul matter, which is again drawn out when fish is laid upon it, it cuts up badly and becomes mud in a very short time, causing the fish to be dirty at least.

This brings me to the water supply, which in my opinion is quite inadequate for the needs of the trade, no fresh water is available for the washing out of the fish rooms on the trawlers after they have landed their catch of fish, this has to be done by water taken from the Docks, which is little better than sewage.

Should a breakdown occur on the hydraulic system which supplies water to the Fish Market, and this occasionally occurs, the Fish Merchants are then compelled to use dock water to wash their fish before sending it away, no other water supply being available; this again is a very bad practice, and liable to lead to serious results.

I took up the matter of the water supply with the Railway Company in November, 1923, they promised to increase the supply, some attempt has been made, but it appears to have ceased. I have made inquiries why, and am told by some that the pipes have not arrived, others tell me they have not enough labour. This water trouble must be dealt with at an early date.

I am, Gentlemen,

Your obedient Servant,

FRANK STOKES,

Port Sanitary Inspector.

### Report of the Borough Sanitary Inspector.

Gentlemen,—I have the honour to present to you my 36th Annual Report upon the operations of this branch of the Public Health Department during 1925.

DRAIN	AGE.
Downspouts disconnected by	New w.c. pans and traps fixed 41
channels 54	New inspection chambers built 2
Downspouts disconnected by	Temporary privy boxes supplied 16
shoes and gullies	New waste pipes fixed 7
New gullies fixed 5	Defective waste pipes repaired 53
New drains laid 457	Downspouts repaired 5
Defective drains relaid 63	Drains smoke-tested 11
Drains and w.c.'s cleared 488	W.c.'s replacing privies 458
New gully covers provided 11	W.c. fittings repaired 89
Defective flush pipe joints re-	W.c.'s cleansed 69
paired 11	Additional w.c.'s fixed 5
New vent pipes 8	New lavatory basins 2
ROUTINE WORK, GE	NERAL NUISANCES, &c.
Letters and Notices dispatched1254	House roofs repaired 70
Eavespouts renewed or repaired 43	House floors repaired 56
New eavespouts fixed 66	New portable ashbins provided 740
Smoke nuisances abated 5	Very dirty yards & courts cleansed 9
Dirty houses cleansed 24	Very dirty fowl runs cleansed 7
House firegrates repaired 31	Walls repaired 35
Window sash cords renewed 71	General nuisances abated 84
Back passages paving relaid 23	Firegrates reset 42
Yard pavings relaid 86	New coppers fixed 40
Offensive accumulations re-	Defective wall plastering repaired 19
moved 16	Water pipes repaired 17
INSPECTION OF LICENSED	AND OTHER PREMISES.
Slaughterhouses	Fish Frying premises 42
Common Lodginghouses 346	Nuisances including re-inspec-
Bakehouses 482	tions11059
Workshops	House-to-house inspection and re-
Factories 6	inspections
Cowsheds 33	Visits and re-visits re Infectious
Milkshops 86	Diseases1026
General offensive trades includ-	Rooms and vehicles 571
ing Fish Curing premises 845	Ice Cream Vendors 116

### RATS AND MICE DESTRUCTION ACT, 1919.

During the year rat repression has been vigorously pursued, that is obvious, from the very large number destroyed, viz., 15,948; the public interest is doubtless actuated by the cash value, but I submit it is a cheap and effective means of reducing the rat population.

The very valuable assistance of the Cinema Managers in exhibiting slides during Rat week, Nov. 2nd to the 7th, was again extended, the public are thus reminded of their duties and responsibilities whether they honour them or not. If every week were a rat week, we might then hope to exterminate these dangerous pests.

### PLACES OF AMUSEMENT.

Throughout the year there has not been any need to complain of inattention to the sanitary fitments and cleanliness of these places, indeed I find that a very high standard is maintained in every hall in the town.

### FERTILISERS AND FEEDING STUFFS ACT.

4 samples were procured and submitted to the Agricultural Analyst, who reports each one as in conformity with the invoices (save one), which contained an excess of salt as required by the Act, the Ministry of Agriculture were apprised of the facts.

### RAG FLOCK ACT.

Each of the 4 samples forwarded for examination were certified as fully complying with the Act.

### TOWN WATER SUPPLY.

The returns of the Public Analyst, including that of the Institute of Public Health, on each of the quarterly examinations were satisfactory, the facts being reported to the Sanitary Authority.

### COWSHEDS.

Of the 7 Cow sheds in the Borough, housing 111 cows, I have to report them as regards their structure and management to be satisfactory. Concerning Milk supply, the bulk of it comes from farms outside the Borough, where (at the station) and other places of delivery it is frequently sampled.

A feature of the year's work in improving the quality of milk is the increase in the sale of certified and sterilised milk.

### BAKEHOUSES.

The work done during 1925 comprised the erection of 1 new chimney, and the re-matchboarding of a ceiling, 1 place was reconstructed, one new oven fixed, one roof repaired, one dirty place cleansed, 18 were limewashed (on special notices sent requiring this).

### COMMON LODGINGHOUSES.

These (as adapted dwelling houses) are kept generally in accordance with the Byelaws, all single beds, women not provided for; apart from the periodical limewashing and cleansing (8 floors were cleansed, on special notice), 1 new inspection chamber was built, 1 new gully fixed, and 1 outside sign newly painted.

### FRIED FISH SHOPS.

These premises have been found to be kept clean, they are all of a good type, constructed so as to carry all fumes into the chimney, so far as that is possible. There has not been any complaints from the public during the year.

### HOUSE TO HOUSE INSPECTION.

For many years past a great deal of time has necessarily been devoted to privy conversion, this having nearly reached the vanishing point will enable more time to be given to the work of systematic house to house work.

There is much leeway to make up in this connection, the deterioration of the war years, especially on the older houses in the town, when but little repair work could be done, has left a legacy of dilapidation and expense which the interval since the peace has not yet bridged.

The apathy of some owners (happily but few), the careless destructiveness and indifference of a certain type of tenant, not only keep the Housing Inspector busy, but increase his difficulties with owners who naturally resent the Official Notice to repair what is obviously (at times) wilful damage. It is frequently necessary to admonish, this is done discreetly to the ultimate advantage of the community.

1,242 houses were inspected, of which 581 were found not to be (in all reasonable respects) reasonably fit for human habitation; of these 412 were rendered fit (this as a result of informal notices), of the remainder 98 others were rendered fit (after formal notice under the Housing Act, Sect. 3), leaving a balance of 71 to be carried forward to the 1926 report.

A detailed monthly report is submitted to the Public Health Committee.

### BOX PRIVIES.

Again I have to report good progress indeed, better than anticipated, the active co-operation of 3 large owners having brought the number remaining to two figures; this is commendable in view of the fact that the cost is still at least 80 per cent. pre-war.

I am hopeful that by the end of the present summer there will not be a privy left in the Borough.

458 w.c.'s were fixed (replacing as many privies), an average of 38 per month.

### WORKSHOPS.

To these premises 270 inspections were made, apart from the regulations (which are periodically complied with), 3 dirty w.c.'s and 1 workshop were limewashed (on notice), 1 w.c. replaced a box privy and a new lock was placed on a women's w.c. door.

6 "Forms 144" and 2 letters were received from the Factory Inspector and promptly dealt with.

TABLE giving Description and Total Number of Samples under the Foods and Drugs Acts, submitted to the Public Analyst during 1925.

Descr	iption	of		No. of	Results of Analysis.			
Sample.					Samples.	Genuine.	Adulterated.	
Milk					187	166	21	
Butter					12	10	2	
Sweet Nitre					7	0	7	
Malt Vinegar					2	1	1	
Coffee					2	2	0	
Baking Powder				2	0	2		
Lard					1	1	0	
Pepper					1	1	0	
Cream					4	0	4	
					218	181	37	

All the samples of Cream were duly labelled.

Results of Analysis, Number of Prosecutions and Decisions of Court thereon during 1925.

(I) Article		(2) No. of Sample	(3) Analyst's Return.	(4) Action taken.			
Milk	(T)	4	Deficient in Milk Fat 6.6% & contains 4.7 added water	Shop Vendor cautioned by			
,,	(O)	15	Contains 10% added water	Stipendiary Magistrate, and farmer supplying shop			
,,	(O)	18	Contains 6.9% added water	fined £5.			
,,	(T)	20	Contains 7.6% added water	_			
Milk	(T)	5	Deficient in Milk Fat 15%	Vendor cautioned by order of			
,,	(O)	14	Genuine	Health Committee			
Milk	(T)	24	Deficient in Milk Fat 6.6%	Vendor cautioned by order of Health Committee.			
Milk	(T)	45	Deficient in Milk Fat 3·3%	Vendor cautioned by order of Health Committee.			
Milk	(T)	48	Deficient in Milk Fat 18·3%				
,,	(O)	59	Not yet to hand.				
Milk	(T)	87	Deficient in Milk Fat 6.6%	Vendor warned by order of the Public Health Committee. This deficiency was really due to failure of vendor to stir the milk prior to sale.			
Milk	(O)	124	Deficient in Milk Fat 3.3%	Farmer warned.			
Milk	(O)	127	Deficient in Milk Fat 5.6%	Farmer warned.			
Milk	(O)	137	Deficient in Milk Fat 9.3%	Farmer warned.			
Milk	(T)	114	Deficient in Milk Fat 10%	Cautioned shopkeeper.			

(I) Article	No.	(2) , of nple	(3) Analyst's Return	(4) Action taken
Butter	(T)	140	Contains 40% Margarine	I am waiting result of official sample obtained on 2nd October, 1925.
Butter	(T)	141a	Contains 50% Margarine	am waiting result of official sample obtained on 2nd October, 1925.
Milk	(O)	172	Deficient in Milk Fat 7·3% and contains 5·9% added water	
,,	(O)	173	Contains 5.3% added water	
,,	(O)	174	Deficient in Milk Fat 18.7%, and contains 10.5% added water	In this set of cases the
"	(O) (O)	175 176	Contains 8.4% added water Deficient in Milk Fat 9.7%, and contains 8.4% added water	farmer defendant was fined £30.
,,	(O)	177	Deficient in Milk Fat 5.0%	
<b>"</b>	(T)	168	Contains 7.0% added water	
Preserv' Cream	'd(O)	206	Contains Boric Acid 10·5 grains per lb.	Duly labelled at the time of sale.
,,	(O)	207	Contains Boric Acid 7·0 grains per lb.	do. do.
"	(O)	208	Contains Boric Acid, 7.0 grains per lb.	do. do.
,,	(O)	209	Contains Boric Acid, 7.0 grains per lb.	do. do.
Baking Powder	(T)	192	Deficient in Carbonic Anhydride 30.0%	Facts before the Health Committee Jan. 11th, 1926.
,,	(O)	210	Deficient in Carbonic Anhydride 32.5%	do. do.

(1)	(2) No. of		(3) Analyst's	(4)			
Article	Sample		Return	Action taken			
Sweet Nitre	(T)	184	Deficient in Ethyl Nitrite 27%	Shopkeepers do not understand the volatile character of the drug.			
,,	(T)	185	Deficient in Ethyl Nitrite 97%	The Health Committee will consider on the 11th Janu-			
,,	(T)	186	Deficient in Ethyl Nitrite 15%	ary what further steps shall be taken.			
Sweet Nitre	(T)	187	Deficient in Ethyl Nitrite 35%	In the Sweet Nitre cases Vendors to be warned and			
,,	(O) -	211	Deficient in Ethyl Nitrite 20%	kept an eye upon, by order			
,,	(O)	213	Deficient in Ethyl Nitrite 20%	of the Public Health Com-			
,,	(O)	215	Deficient in Ethyl Nitrite 30.5%	√o mittee.			
Milk	(T)	231	Deficient in Milk Fat 20%	Being followed up.			
Milk	(O)	179	Genuine	Sample Nos. 179 & 180 were the "Appeal to Cow"			
,,	(O)	180	Genuine	samples, and are referable to the Milks Nos. 168 and 172 to 177.			
Malt Vinegar	(T)	188	This is not Malt Vinegar, but flavoured Acetic Acid	They had no Malt Vinegar when sampled officially.			

<sup>(</sup>T) Denotes Trial Sample. (O) Denotes Official Sample. No proceedings were taken other than under the Sale of Food and Drugs Acts.

### ANNUAL REPORT

RE

### Slaughterhouses & Offensive Trades Premises,

Public Health Department, 184 Victoria Street.

8th March, 1926.

To the Chairman and Members of the Slaughterhouses and Offensive Trades Sub-Committee.

Mr. CHAIRMAN AND GENTLEMEN,

I beg respectfully to submit for your information my Report as follows, viz. :— Summary.

No. of Slaughterhouses on Register		 			37
No. of Inspections of Slaughterhouses		 			2479
Copies of new Byelaw Cards supplied		 			7
New outside signs fixed		 			4
New inspection chamber covers fixed		 			2
Places cleansed (on notice)		 			5
Utensils cleansed (on notice)		 			2
Outer yard repaired		 		1.	1
Inside floors repaired		 			1
General repairs to folds carried out		 			2
Accumulations of manure removed (on	 • •	• •		2	

There are 36 applications to hand for the renewal of licences. Will the Committee grant their re-issue?

One transfer of licence, from Mr. Dawson to Mr. Carterwright, was allowed.

One application for licence to re-open an old slaughterhouse, in King Edward Street, was refused by the Committee.

On the 1st April, 1925, the new Public Health (Meat) Regulations became operative, and I have to report a general compliance on the part of all the butchers in the town. Notices of intended slaughtering are regularly sent to the office. Butchers know they are required to immediately report abnormal post slaughter conditions, and that all emergency slaughtered meat must also be reported. Under

the Regulations the possibility of even screwmeat getting through surreptitiously is very thin. The few slaughterhouses killing daily are those most frequently inspected, and the remainder as occasion requires.

The ordinary Byelaws have been adhered to throughout the year, and the desire to assist the officials in their work has been well maintained.

The meat foods, prepared in slaughterhouses, reported and forfeited during 1925, is as follows:—

35 Whole Beast Carcases3 Calf Carcases.10 Beast Livers16 Pig Carcases.5 Sheep Carcases5 Sets Beast Offal

9 Beast Tongues

In addition to the above quantities, but not connected with slaughterhouses, the following foodstuffs were destroyed, viz.:—

775 lbs. Imported Beef11 lbs. Pig Kidneys28 cases Pigs Feet40 lbs. Liquid Eggs6½ bags Cocoanuts23½ boxes Herrings32½ bags Yeast16 stones Pears9 Stones Apples1478 tins Foodstuffs

### OFFENSIVE TRADES PREMISES, INCLUDING FISH CURING HOUSES AND FISH MEAL WORKS.

### Fish Curing Houses.

To these and other premises 845 inspections were made.

- 8 defective w.c.'s were repaired.
- 6 dirty w.c.'s were cleansed.
- 1 choked w.c. cleared.
- 3 choked drains cleared.
- 1 defective drain relaid.
- 2 new gully covers provided.
- 2 sewer vents repaired.
- 6 inside floors relaid, or repaired.
- 2 new eave-gutters fixed.
- 1 inner wall repaired.
- 2 roofs repaired.
- 2 dirty places cleansed (after notice).
- 3 screens provided to women's lavatories.

At one place additional w.c. accommodation was provided.

By permission of the Sub-Committee leave to establish fish curing businesses were granted to Mr. Cole (in Pyewipe Road), the Consolidated Fish Company

(in Granville Street), and to increase the number of smoke holes of the fish curing premises of Mr. Neal Green, Riby Street.

An application from Messrs. Phillips & West to establish a fish meal factory in Ladysmith Road was disallowed by the Sub-Committee meeting on the premises. Messrs. Letten Bros. discontinued making fish meal on their premises in Pyewipe in June last.

### At Fat Melter's Premises.

One defective condenser was put into order, and a defective hood over coppers repaired.

Leave to establish a small fat melting business at the rear of No. 60 Raven-spurn Street was granted.

It is satisfactory to note the absence of complaints from either the Ropery Street or Pyewipe Fish Meal Works during the year.

For loyal and hearty co-operation in the daily work, my thanks are due to the staff, as also to officials of other departments for assistance in many ways and on numerous occasions.

I am, Gentlemen,

Your obedient Servant,

HENRY F. MOODY.

Borough Sanitary Inspector.



